PRINTED: 08/23/2008 DEPARTMENT OF HEALTH AND HUMAN SERVICES 42 FORM APPROVED CENTERS FOR MEDICARE & MEDICAID SERVICES OMB NO. 0938-0391 STATEMENT OF OFFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (XJ) DATE SURVEY IDENTIFICATION NUMBER: COMPLETED A. BUILDING B, WING 143528 08/11/2009 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1851 CREEK DRIVE SILVER CROSS RENAL CTR MORRIS MORRIS, IL 60450 Summary Statement of Depiciencies (Sach Deficiency Must be preceded by Full Regulatory or LSC Identifying Information) (X4) ID PREFIX PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE ID PREFIX COMPLETION COMPLETION TAG DEFICIENCY V 113 494.30(a)(1)(i) CDC RR-5 AS ADOPTED BY V 113 494.30(a)(1)(i) CDC RR-5 REFERENCE Renal Morris coordinator will review infection 6/30/09 Wear disposable gloves when caring for the control policies at next staff meeting. In addition, patient or louching the patient's equipment at the infection control audits will be performed by the dialysis station. Stati must remove gloves and Renal Morris coordinator. Results of infection wash hands between each pationt or station. control audits will be discussed at Medical Staff Nephrology Committee meetings. This STANDARD is not met as evidenced by: Surveyor, 15166 A. Based on Facility policy review, observation, and staff interview, it was determined for 2 of 3 slaff observed. (E#2 and E#3) that the Facility failed to ensure handwashing and donning of gloves as required by Facility policy. Findings include: 1. Facility policy entitled, "Infection Control Precautions and Policies," was reviewed on 5/11/09 at approximately 9:30 A.M. The policy requires, "Gloves... during any... procedure in which possible contact with body fluids may occur... A change of gloves is necessary between patients... Handwashing is to be done between patients." 2. On 6/8/09 between 9:00-10:30 A.M. a tour of the dialysis treatment area was conducted. The following was observed: * At approximately 9:05 A.M. E#3 silenced the alarm on the dialysis machine at station #2, where a patient was receiving dialysis, without

Any deficiency statement ending with an esterisk (*) denotes a deficiency which the inelitation may be excused from correcting providing it is determined that following the date of survey whether or not a plan of correction is provided. For nursing homes, the findings stated above are disclosuble 50 days days indicated these documents are made available to the facility. If deficiencies are clied, an approved plan of correction is requisite to continued

LABORATORY

first donning gloves.

At approximately 9:07 A.M. E#2 pressed a

DIRECTOR'S DR PROMOERISUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

CKE DATE

_---

PRINTED: 08/23/2009

112

DEPARTMENT OF HEALTH AND HUMAN SERVICES

TATEMENT OF DEFICIENC NO PLAN OF CORRECTION	23	(X1) PROVIDER/SUPPLIER/GLIA IDENTIFICATION NUMBER:	(X2) MUL A. BUILD	TIPLE CONSTRUCTION ING		(X3) DATE 5 COMPL	
		143528	B, WING			08/4	1/2009
name of provider ur bl Silver cross rena		IORRIS	ľ	YREST ADDRESS, CITY, STATE 1851 CREEK DRIVE MORRIS, IL. 80450	, ZIP CODE		174000
PRÉFIX (EACH DE	FICIENCY	EMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL C IDENTIFYING INFORMATION)	ID PREFIX TAG	Provider's Plan (Bach Corrective Cross-Reference) Depict	ACTION BHOI TO THE APPR	ITON ULD BE OPRIATE	COMPLET CATE
REFERENC Wear dispos patient or loc dialysis stalk	E able glo sching U an. Stati	RR-5 AS ADOPTED BY Ives when caring for the ne patient's equipment at the must remove gloves and n each patient or station.	V 113	494.30(a)(1)(i) CDC RR-: Renal Morris coordinator control policies at next sta infection control audits wi Renal Morris coordinator. control audits will be disco	will review half meeting. It is perform Results of in Second at Medi	n addition, and by the effection	6/30/09
A. Baised on and staff interstaff observed failed to ensure gloves as required. 1. Facility poil Precautions a 6/11/09 at appreparation occur A chabetween patient between patient between patient dialysis treatment on the dialognament on the dialognament.	Facility View, it J. (E#2 : re hand de: icy entill nd Police roximal ves du contac nge of g nts H atween atment : vas obs utely 9:0 alvais m	policy review, observation, was determined for 2 of 3 and E#3) that the Facility washing and donning of y Facility policy. ed, "Infection Control lies," was reviewed on ely 9:30 A.M. The policy wing any procedure in the with body fluids may ploves is necessary andwashing is to be done 9:00-10:30 A.M. a tour of area was conducted. erved: 5 A.M. E#3 silenced the rachine at station #2, ceiving dialysis, without					•

Any descioncy statement ending with an esterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that tollowing the date of survey whether of not a plan of correction is provided. For nursing homes, the shows findings stated above are disclossible 30 days days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisible to continued program participation.



INFECTION AND EXPOSURE CONTROL AUDIT TOOL

Facility: Reviewer:

Date: Threshold 100% Result:

Observe associate during 10 of the following procedures: 1. Associate wears appropriate facial protection (includes face shield, goggles, approved side shield, goggles, approved side shield for glasses) during high-risk procedures, i.e. priming of dialyzar, treatment initiation, treatment termination, removal of fistula clamps, administration of medications, ruese, etc. 2. Associate wears gloves at appropriate times to protect them from becoming soiled & to prevent transmission to patients (per min policies). 3. Associate uses hand hygiene between patients, before doming & after removing gloves (alcohol-based rub or hand wash), after patient & machine contact, before touching clean supplies, after contamination with blood or other infectious materials, & before leaving the patient treatment area.	Associate													
ا من عن عن العن العن العن العن العن العن ال	Observe associate during 10 of the following procedures:	NG.	22	No	Not	8	S S	Wet	Noc	10	TO SE	Ž		100
	 Associate wears appropriate facial protection (includes face shield, goggles. 									1				
	approved side shield for glasses) during													
	dialyzer, treatment initiation, treatment			-							53			 ,
					•			-						
	2. Associate wears gloves at appropriate							C.					_	
b	times to protect them from becoming soiled													
1	& to prevent transmission to patients (per													
1	unit policies).	-						3						
, . <u>घ</u>	3. Associate uses hand hygiene between													
" ·ਬੁ	patients, between equipment contact,						-							
.ฐ	before donning & after removing gloves	p.	-											
. ട ്	(alcohol-based rub or hand wash), after													
clean supplies, after contamination with blood of other infectious materials, & before leaving the patient treatment area.	.5	-			_									
blood or other infectious materials, & before leaving the patient treatment area.	clean supplies, after contamination with				_									
before leaving the patient treatment area.	blood or other infectious materials, &				F.									
	before leaving the patient treatment area.							=	•					

Audit Tool

Met Not Met No	en: area a urea a urea aminated	ering at set up, emination, inistration	ss/disposes cy. of sharps in	s containers not	iohazard	es dialysis es placed carded or iplies used nd will not machines	ialyzer
	4. Associate washes hands when:a. Leaving patient care areab. Entering patient care areac. If hands visibly contaminate	5. Associate wears barrier covering at appropriate times, i.e. dialyzer set up, treatment initiation, treatment termination, removal of fistula clamps, administration of medications, reuse, etc.	6. Associate removes and stores/disposes of barrier covering per unit policy. 7. Associate properly disposes of sharps in designated sharps containers.	8. Associate assures that sharps containers are free from blood spatter and not overfilled.	 Associate properly disposes of infectious waste in designated biohaza containers. 	10. Associate properly uscs/stores dialysis supplies for each patient (supplies placed on machine in use are either discarded or disinfected after treatment). Supplies used for multiple patients (i.e. tape) and will not be disinfected are not placed on machines or in close proximity to machines	y zer

12. Associate clamps bloodlines when stripping the dialysis machine (prevents saline/blood spills). 13. Associate thoroughly cleans patient station equipment with disinfectant solution between patient treatments. 14. Associate wipes down hemodialysis machine after treatment initiation. 15. Associate is ungloved when using computer keyboard. 16. Associate does not eat, drink, chew gum, or apply make-up in patient care areas of the unit. 17. Associate assures that if patient holds access site, they wear gloves & use hand bygiene per unit policy.			2 2	North Met.	
					╀
Percent	†				

To calculate % met: Count total number of met per associate observed. Each associate observation is worth 10 points if 10 procedures were observed for each associate. Add the number of observations met to determine the associate % met. To calculate total % met, add individual % met and divide by the number of associates observed. Example: you observe 5 associates. Their scores are as follows: Associate #1: 90%

Associate #2: 90% Associate #3: 70%

Associate #4: 100%

Associate #5: 100%

450 + 5 = 90% met

3

<i>.</i> :						•	-	
:	DEPA	RTMENT OF HEALTH	I AND HUMAN SERVICES					: 06/23/2009
	CENT	ERS FOR MEDICARE	& MEDICAID SERVICES				FORM OMPLNO	APPROVED . 0938-0391
	STATEM	ENT OF DEFICIENCIES N OF CORRECTION	(X1) PROVIDER/BUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) I A. BU		TIPLE CONSTRUCTION NG	(XX) DATE S	URVEY
ų			143526	B. WI	NG.		0014	
	NAME O	F PROVIDER OR SUPPLIER			ат	TREY ADDRESS, CITY, STATE, ZIP CODE	06/1	1/2009
٠	SILVE	r cross renal ctr i			1	1551 CREEK DRIVE MORRIS, IL 60480		
	(X4) IC PREFIX TAG	t (BACH DEFICIENCY	Tement of Deficiencies Hust be preceded by full SC IDENTIFYING INFORMATION)	ID PREF YAG		PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REPERENCED TO THE APPRE DEFICIENCY)		COLUMN DATE
ニ・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・	V 143	button on the dialys where a patient was first donning gloves. At approximately 9 wrapper from bag of can by lifting the lid E#2 falled to perform proceeding to care from and also obtaining control of cand also obtaining control of cand also obtaining control of cand and also obtaining control of cand and control of cand and control of cand area was conducted, and blearbonate containers were identified on the containers were identified on the containers were identified on the containers were identified or containers were identified on the containers were identified or containers were identified on the containers were identified or containers were identified on the containers were identified or containers.	is machine at station #3, receiving dialysis, without receiving dialysis, without receiving dialysis, without station with saline solution into the trash of the can with bare hands. In hand sanitization prior to or the patient at station # 2 lean supplies from a clean is were conveyed to the live and Unit Coordinator in 6/8/109 at approximately attended to ensure a not dirty. Of the dialysis treatment There were multiple acid aliners partially-filled with the countertop. The lifed as previously used ints. The containers were in supplies. Was conveyed to the rand Coordinator during an approximately 2:45 P.M.		113		cid and	6/16/09
024		2) Ensure that clinical						
		(03-89) Previous Varidona Obs	Diete Eveni IO:VJ2R11	,	الاعد	y to: IL 16MO Il continue	tion sheet F	age 2 of 18

PRINTED: 08/23/2009 DEPARTMENT OF HEALTH AND HUMAN SERVICES FORM APPROVED <u>CENTERS FOR MEDICARE & MEDICAID SERVICES</u> <u>OMB NO. 0938-0391</u> STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: (X2) MULTIFLE CONSTRUCTION (XS) DATE SURVEY COMPLETED A BUILDING E. WING 143528 06/11/2009 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1661 CREEK DRIVE SILVER CROSS RENAL CTR MORRIS MORRIS, IL 80450 SUMMARY STATEMENT OF DEFICIENCIES (PACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) PROVIDERS PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE DES) COLUMNIZATION PREFIX TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) V 143 Continued From page 2 V 143 compliance with current aseptic techniques when dispensing and administering intravenous medications from vials and ambules: and This STANDARD is not met as evidenced by: Surveyor: 15168 A. Based on review of the manufacturer's V143 - 494.30(b)(2) Oversight guidelines for Tuberculin Purified Prolein (TB), Renal Morris coordinator immediately discarded 6/9/09 observation, and staff interview, it was determined that in 1 of 1 vial of TB medication, the expired vial of Tubersol. the Facility falled ensure the expired/outdated All staff was inserviced on following package 6/11/09 medication was disposed of in accordance with inserts. the manufacturer's guidelines. Findings include: 1. The manufacturer's package insert for Tuberculin Purified Protein," was reviewed on survey date 6/9/09 at 11:00 AM. The package insert required, "A vial of Tubersol which has baen entered and in use for 30 days should be discarded because oxidation and degradation may have reduced the potency." 2. A tour was conducted of the Facility's treetment erea on survey date 6/8/09 between 9:00 AM and 10:45 AM. During the tour, at 10:35 AM, the medication refrigerator contained one vial of Tuberculin solution opened and dated 4/15/09.

FORM CASS-(547(02-89) Previous Versions Obsciete

BY REFERENCE

V 187

3. This finding was conveyed to the Facility's Administrative Director and Coordinator during an interview on survey date 6/10/09 at 2:30 PM. 494.40(a) ANSI/AAMI RD52:2004 AS ADOPTED

Event ID:VUTE14

Factory ID: IL 15MO

V 187

If continuation sheet Page 3 of 18

If continuation sheet Page 4 of 18

		AND HUMAN SERVICES 8 MEDICAID SERVICES			FOR	M APPROVE
STATE	MENT OF DEFICIENCIES AN OF GORRECTION	(XI) PROVIDER/SUPPLIER/CLIA DENTIFICATION NUMBER:		ULTIPLE CONSTRUCTION LDING	DCI) DATE	O, 0938-039 SURVEY LETED
		143528	8. WD	16	ne.	111/2009
	of provider or supplier			STREET ADDRESS, CITY, STATE, ZIP C		11/2948
SILV	er gross renal ctr i	HORRIS		1551 CREEK DRIVE MORRIS, IL 60450		
(X4) PREF TAG	ty i reach deficiency	Tement of deficiencies Must be preceded by full SC (Dentifying Information)	PREFI TAG		n should be Eappropriate	COMPLETION DATE
V 1	8 Environment: scho Water systems shot diagrams that identi- sample ports, and fi	ematic diagrams/labels uid include schematic ly components, valves, ow direction.	V1	87		
	if water system mansusers should label m components in a mandevice but also described in the event performs acceptable range.	nner that not only identifies a ribes its function, how ed, and what actions to take ance is not within an		·		
	A. Based on observa	not met as evidenced by: ition and staff interview, it the Facility falled to ensure and piping involved with the seled as required.	=	V187-494.40(a) ANSI/AAMI RD: On 6-8-09, Renal Mortis coordina MarCor, the water system manufat the need for labels indicating conte direction of flow, as well as labels water system component.	ator contacted cturer, regarding cats of pipes and	6/09/09
	Findings include: 1. On 6/8/09 a tour w. Facility's water room. observed the major w: water piping lacked (a)		z	The water system manufacturer, Me the complete water room with labe each water system component and of water. In addition, Renal Morris coording that labels will be made and affixed	ls identifying flow direction stor will ensure I to each water	7/10/09
V 191	2. The findings were of Administrative Director interview on survey dated 494.40(a) ANSI/AAMI I BY REFERENCE	conveyed to the Facility's rand Coordinator during an le 6/8/09 et 1:30 PM. RD52:2004 AS ADOPTED	V 191	system component to describe its fi	inction.	
CM9.70	8.2.4 Softeners: Testin	_				
	7(03-88) Pravious Varaiona Obsc	Siete Event ID: VJZR 11	f	ettly it: 1.15MO	Atlaunian shoot	

		I AND HUMAN SERVICES & MEDICAID SERVICES				FORM	06/23/2008 APPROVED 0838-0391
STATEMEN	T OF DEFICIENCIES OF CORRECTION	(XI) PROVIDER/SUPPLIER/GUA IGENTIFICATION NUMBER:	()(2) N		PLE CONSTRUCTION	(X3) DATE SI COMPLE	IRVEY
		143528	8. Wi	NG		08/11	/2009
NAME OF	PROVIDER OR SUPPLIER				RENT ADDRESS, CITY, STATE, UP CODE 851 GREEX DRIVE		
SILVER	CROSS RENAL CTR	horris		I "	MORRIS, IL 69450		Ш
(74) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG	TK	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION BHOW CROSS-REFERENCED TO THE APPR DEFICIENCY)		DATE DATE
V 191	Continued From pa	ge 4	V	191			
550	sensitivity are suffic hardness monitorin camosis machine n	e that test accuracy and clent to satisfy the total grequirements of the reverse henufacturer. Total hardness the water softener should be					8:
		d of each treatment day. It results should be recorded					=
5a		s not met as evidenced by:					
	Facility water logs a determined that the	of Facility policy, review of and staff interview, it was Facility failed to ensure total cility's water was checked at atment day.			V191-494.40(a) ANSI/AAMI RD 52:20 Renal Morris coordinator modified the Water Purification Performance Log to time (am/pm) of the hardness check at each treatment day. (Log attached.) A	Dialysis indicate the end of	6/11/09
	Findings include:				inserviced on use of log.	ii suu	
19	Checklist," required be made with the sy	titled, "Dialysis Water System , "Procedure: Checks must stem running. Hardness will be completed during last nents."				;	
	Mere reviewed on so AM. The logs tacke of the hardness che	ler logs for the year 2009 Livey date 6/8/09 at 11:00 d documentation of the time ck, ensuring the Facility ss of treatment water at the int day,					
V 220	Administrative Directing of the control of the cont	e conveyed to the Facility's for and Coordinator during an date 6/8/09 at 1:30 PM. AI RD52:2004 AS ADOPTED	٧ź	220	3°		

08/28/2009 FRI 18:45 PAX 815 942 3684

RENAL CTR MORRIS

→+→ RENAL CTR EAST

A RPZ INLET 10-50 PSI A 'RPZ OUTLET 10-50 PSI A - 8 = DELTA PRESSURE < 20 PSI C TEMPERATURE 70 - 80 F D BOOSTER PUMP 35 - 100 PSI SWITCH TO BOOSTER 1 OR 2 DAILY E MM FILTER OUTLET 30 - 100 PSI D - E = DELTA PRESSURE < 10 PSI F SOFTENER OUTLET 28 - 100 PSI 10 HARDNESS SAMPLE < 5 PPM AM/PM 13 | CHLORAMINE TOTAL - FREE = < 0.1 PPM 14 CHLORAMINE TOTAL - FREE **< 0.1** PPM G CARBON OUTLET 25 - 100 PSI F · G = DELTA PRESSURE < 10 PSI H PRE-FILTER OUTLET 20 - 100 PSI G - H = DELTA PRESSURE < 10 PSI RO PUMP SUCTION 20 - 70 PSI I RO PUMP DISCH 350 - 450 PSI K PRESSURE TO MEMBRANE 125 - 250 PSI L REJECT PRESSURE 100 - 225 PSI RO PRODUCT COND < 40 US M RO REJECTION > 90% N RO REJECT FLOW 2.0 - 5.0 GPM O RO PRODUCT FLOW 1.7 - 3.5 GPM P REJECT RECIRC FLOW 8.0 - 10.0 GPM Q LOOP PUMP PSI 65 - 75 PSI SWITCH TO LOOP PUMP 1 OR 2 DAILY R RESISTIVITY CELL A < 40 US R RESISTIVITY CELL B > 2 MEG-OHM S POST FILTER INLET 40 - 75 PSI POST FILTER OUTLET 40 - 75 PSI S - T = DELTA PRESSURE < 25 PSI Û LOOP RETURN PRESSURE 35 - 55 PSI ALL LIGHTS GREEN YORN ALARMS OK YOR N H SALT IN BRINE TANK - BAGS ADDED SHIFT NAME NOTES: SEE REVERSE SIDE FOR CHLORAMINE LOG LOG MUST BE COMPLETED EVERY DAY OF UNIT OPERATION ALL READINGS MUST BE WITHIN THE PARAMETERS SHOWN ON LOG

06/26/2009 FRI 16:46 PAX 818 942 3654

RENAL CTR MORRIS

++→ RENAL CTR EAST

@011

page 2

SIEVER CROSS HOSPIFAL MORPIS WALKSIS FACILITY SITE #02800804 WATER PURIFICATION SHEDRAMINE LOG

- 1 FOLLOW TEST KIT INSTRUCTIONS STEP BY STEP.
- 2 TAKE CHLORAMINE SAMPLE FROM POST WORKER CARBON FILTER VALVE.
- 3 RECORD RESULTS BELOW WITH A NEGATIVE OR POSITIVE PHRASEOLOGY FROM PAST RESULTS.
- 4 IF CHLORAMINES ARE POSITIVE, TAKE SAMPLE FROM POLISHER CARBON FILTER VALVE.
- ... IF CHLORAMINES ARE POSITIVE POST POLISHER CARBON, DIALYSIS TREATMENTS CANNOT BE PERFORMED.
- IF CHLORAMINES ARE NEGATIVE POST POLISHER CARBON, CONTINUE WITH DIALYSIS TREATMENTS AND CALL FOR SERVICE.

PERFORM LOG BEPORE THE START OF EVERY SHIFT

RECORD RESULTS FROM TESTS	MON	TUE	WED	THU	FRI	SAT	SUN
SHIFT 1							įš.
SHIFT 2							
; SHIFT 3					-		

DATE:		•				
e				•	•	
NOTES:			•			
		- N				
	290		ă.			
•						

FOR SERVICE CALL: MAR COR PURIFICATION 888-962-7878

DEP	ARTMENT OF HEALTH	I AND HUMAN SERVICES				D: 08/23/2009
CEN	TERS FOR MEDICARE	& MEDICAID SERVICES			OMB N	M APPROVED <u>0. 0838-</u> 0391
STATES AND PL	ient of Deficiencies W of Correction	(X1) PROVIDER/GUPFLIER/GLIA IDENTIFICATION NUMBER:	(X2) N		TPLE CONSTRUCTION (CO)	SURVEY
	•	143526	B. WA		O.F.	/11/2009
NAME	of provider or supplier		£	811	REET ADDRESS, CITY, STATE, ZIP CODE	11/2400
Silvi	ir cross renal ctr i	MORRIS		1	issi Creek orive Korris, il 60480	
PREF TAG	X (EACH DÉFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY PULL BC IDENTIFYING INFORMATION)	ID PREM TAG		PROMDER'S PLAN OF CORRECTION (EAGH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEPICIENCY)	COMPLETION DATE
V 2	Users should estable distribution of [the ill the water distribution dialysis machine]. This STANDARD is Surveyor. 15188 A. Based on review policy review, review logs, and staff intervine Facility failed to also 1-10) that residue following machine distributions include: 1. Manufactures guit Check Residual Chic reviewed on survey of guidelines require, "E Tests Strips provide: means of measuring blach remaining in with dialysate lines following hemodialysis equipmed. Facility policy entit required, "Procedure:	terial control ne supply line disinfected lish a procedure for regular he between the outlet from n system and the back of the not met as evidenced by: of manufacturer's guidelines, y of machine disinfection lew, it was determined that ensure in 10 of 10 (machine il bleach was checked sinfection. delines for the use of E-2 write Testa Strips was late 6/8/03 at 8:45 AM. The E-Z Check Residual Chlorine a convenient, accurate the concentration of chlorine vater being used to rinse out ng disinfection of ent."	V:	220	V220-494.40(a) ANSI/AAMI RD52:2004 Renal Morris coordinator modified the Machine Sanitization Log to include documentation of machines checked for residual bleach, following the bleach disinfection of the machines. (Log attached.) All staff inserviced on use of log.	6/11/09
•	disinfectant by sampli using residual chloring negative residual blea disinfection log."	2. Test for residual ng fluid at the dialysate port s test strips Document ch results on the machine				·
	3. The Facility's Mach year 2009 were review	ine Sanitization Logs for red on survey date 6/8/08 at			8 8	

06/26/2009 FRI 18:47 FAX 815 942 3654

RENAL CTR MORRIS

→→→ RENAL CTR EAST

@014

MACHINE SANITIZATION LOG

DATE	PROCEDURE	4	·	5						;	
	VINEGAR	-	7	2)	4	2	9	7	œ	G	10
NON	TATA DIONALON			,							
	HEAL DISINFECT										
	DATE / INITIALS										M
	VINEGAR										
TUE	HEAT DISINFECT		2.0								
	DATE / INITIALS		31								
WED	VINEGAR										B1
DIASAFE				1							
QOWK	DATE / INITIALS			1							
	VINEGAR						7				
THUR	HEAT DISINFECT			+							
	DATE / INITIALS			1							
	VINEGAR			1	+						
FRI	HEAT DISINIEECT		+	1	+				0		
;	DATE LINE AND A	1					-				
	DATE / INITIALS					2					
1	VINEGAR				-				-		T
SAT	HEAT DISINFECT										
	DATE / INITIALS	-							+	1	
	VINEGAR										
NOS	HEAT DISINFECT				+	1		1		+	T
	DATE / INITIALS				+	\dagger	+	-	+		
						1		1			7

.......

If continuation sheet Page 7 of 18

De la companya della companya della companya de la companya della	TO TON MEDICAN	E & MEDICAID SERVICES	•		FOR	D: 08/23 VI APPRO
YINIES	ENT OF DEFICIENCIES IN OF CORRECTION	(X1) PROVIDERSUPPLIERCLA IDENTIFICATION MUMBER:	(X2) MULT	TIPLE CONSTRUCTION	OMB NO), 0938- Burvey
		143626	B. WING]	
NAME O	PROVIDER OR SUPPLIER	174464			OB!	11/2009
SILVE	r cross renal ctr	MORRIS	י ן	REET ADDRESS, CITY, STATE, ZIP C 651 CREEK DRIVE	ODE	112000
(XQ ID PREFU	SUMMARY ST	TONENT OF DEFICIENCIES		ORRIS, IL 80450		
TAG	REGULATORY OR L	MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION	PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE	1 62164	COMPLE DAT
V 220	I Designation of the De	ga 8	1100	DEFICIENCY)		
	1:00 PM. The logs disinfected all 10 mg	Indicated that the Facility Schines every Wednesday ogs failed to indicate that the	V 220		=	
V 228	during an interview of PM.	conveyed to the to the ive Director and Coordinator in survey date 6/8/09 at 1:30		•		
ß	5.4.4.1 Mixing system Labeling strategies of	RD52:2004 AS ADOPTED Is: labeling Bould permit positive Bousing the contents of	∨ 228			
	small containars inten remodialysis machine	ded for use with a single				
t	ne data of preparation omposition or formula sing prepared. This is	batch preparation, a label a mixing tank that includes and the chemical alon of the concentrate abeling should remain on a tank has been emptied.				
Si ch co	ulk storage/dispensing could be permanently demical composition o ntents,	a tanks: These tanks labeled to identify the r formulation of their		•		
to	diferentials the conte scentrate formulations	used at the facility.		ā		
	E STANDARD is not veyor: 15168 as) Previous Versions Charles	met as evidenced by:				

DEPA CENT	RTMENT OF HEALTH TERS FOR MEDICARE	AND HUMAN SERVICES A MEDICAID SERVICES				FOR	D: 05/23/2009 MAPPROVE
STATEM	ENT OF DEFICIENCIES N OF CORRECTION	(X1) PROVIDER/BUPPLIER/CLIA IDENTIFICATION NUMBER:	(XZ) N A. BU		IPLE CONSTRUCTION	OMB NO	<u>). 0938-0391</u>
99		143526	E. WI	NG_			
•	PROVIDER OR SUPPLIER R CROSS RENAL CTR N	AORRIS	 _	1	REET ADDRESS, CITY, STATE, ZIP CODE 551 CREEK DRIVE IORRIS, IL. 80460	<u> 06/</u>	11/2009
(M) ID PREFIX TAG	O(4) ID SUMMARY STATEMENT OF DEFICIENCIES PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG REGULATORY OR LSC IDENTIFYING INFORMATION)				PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOT CROSS-REFERENCED TO THE APPR OFFICIENCY)	H C BE	COMPLETION DATE
V 236	A. Based on observed was determined that tank, the Facility falls labeled indicating the concentration of the Findings include: 1. A tour was conduct bicarbonate mixing respective and the tank was observed. Included the date of most that tank. 2. The above finding Facility's Administrative during an interview on PM. 494.40(a) ANSI/AAMI BY REFERENCE 5.4.5 Additives: tabeling specific pt (5.4.4.1 Concentrate justified to an individual concentration of an elegation of the addition. Containers should be laborated and the name of the addition. Containers should also sometiment record. Laboratiners when the relationary when the rel	ation and staff interview, it in 1 of 1 bicarbonate mixing and to ensure the tank was a date and chemical ingredients. The documents of the facility's mixing the tank lacked a label that abdure and the ingredients was conveyed to the abundance and the ingredients was conveyed to the survey date 6/8/09 at 1:30 RD52:2004 AS ADÓPTED applied juga/labeling if for container to increase the container to increas	V 23		V228-494.40(a) ANSI/AAMI RD52:20 The Chief Certified Clinical Hemodialy Technician amended the bicarbonate m label to include the chemical ingredient tank. (Ingredient label attached.) In ad Renal Morris coordinator revised Police titled, "Mixing Powdered Bicarbonate." attached.) All staff inserviced on labeli	vsis ixing tank is of the dition, y #G-20,	6/11/09
6.	4.2 Additives	•					1
CHS-SERV	93-80) Previous Versions Obsot	eto Eveni (D: V.(2R1)	Fe		C. R.15MD If continua	lion sheet 6	2ge 8 of 18

06/28/2009 FRI 18:47 FAX 815 942 3654

RENAL CTR MORRIS

→→→ RENAL CTR EAST

Ø018



NOT FOR PARENTERAL USE

This package contains:

229 prams Sodium Chloride U.S.P. 624 grams Sodium Bicarbonate U.S.P.

See SB-1000 series acid concentrate label for final distysate concentrations when properly diluted with Purified Water (AAMI quality or equivalent) in a three stream 35.83X bloarbonate proportioning artificial kidney (hamodialysis) machine.

Mixing instructions

- . 1. Empty contents of one package into clean, disinfected mixing container.
- 2. Add Purified Water (AAMI quality or equivalent) to bring total volume to two and one-half (2.5) gallons.
- 3. Mix well. Keep mixing until completely dissolved.
- 4. Analyze dialysate for correct concentrations and read SB-1000 series acid concentrate label prior to dialysis.

CAUTION: BC-1 bicerbonate concentrate can only be used in 38.83X bicerbonate proportioning machines with RenasoP SB-1000 series acid concentrate. Refer to the hemodialysis machine operator's marrual for instructions prior to starting dialysis. Do not use if package is damaged. Do test une with 45% dilution dialysate delivery systems. Besterial growth may occur in consentrated bicarbonate solutions. Take care to evoid contamination. Disinfect all containers, machines, transfer lines, etc., which contact the solution. Use within 48 hours of preparation. Store at room temperature in a sealed container after preparation. Federal (U.S.A.) law prohibits dispending without prescription. Fallure to follow the Instructions for Use may result in patient injury.



14605 28th Avenue North Minneapolle, MN 55447 U.S.A. (783) 553-3900 Phone: Toll Free:

(800) 328-3340

Fax:

(763) 553-3387

67720-495/B

Mixing Powdered Bicarbonate (For Morris Unit).......G-20

Page 1 of 2



POLICIES & PROCEDURES

Departmental

Sparch

Manual Page G-20

TITLE:

MIXING POWDERED BICARBONATE (FOR MORRIS UNIT)

PURPOSE:

To ensure powdered bicarbonate is mixed property.

BICARB MIXING:

- Open valve V1 fill tank to batch volume level. Close valve V1.
- Open valve V2, close valve V5.
- 3. Tum ON pump with manual switch.
- 4. Adjust mix flow using mix control valve V2 to minimize vortex.
- 5. Slowly add bicarb powder through hinged lid.
- 6. Continue mixing until all powder is solubilized.
- 7. Turn OFF pump with manual switch.
- 8. If needed, adjust final volume of batch using valve VI.

- 9. Turn ON pump with manual switch and allow to circulate for 10 minutes.
 10. Turn OFF pump with manual switch. Close valve V2.
 11. Pull sample for testing from valve V3. Upon approval, proceed with step 12.
- 12. Fill jugs manually at Jug Access Port V3.
- 13. Affix label to the tank that includes the date of preparation and the chemical Ingredients. This label should remain on the mixing tank until the tank has been emptied.

DEPARTMENTS AFFECTED:

Dialysis

EFFECTIVE DATE:

REVISED DATE (S):

December 1997

03/30/98, 07/13/07, 06/26/09

APPROVED BY:

Keith Nelson Department Head DATE:

06/30/09

APPROVED BY:

Preeti Nagarkatte, M.D. **Medical Director**

DATE:

06/30/09

AUTHORIZED:

Peggy Gricus President (or designee) DATE:

06/30/09

Manual Page G-20

The intent of the Silver Cross Hospital policies and procedures is to be utilized as

If continuation sheet Page 9 of 18

	CEIN	ERS FOR MEDICARE	AND HUMAN SERVICES & MEDICAID SERVICES			FOR	ED: 06/23/20 VM APPROVI
		NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDENSUPPLIENCIA IDENTIFICATION NUMBER:	(X2) ML	ATPLE CONSTRUCTION DING	DMB N	O, 0938-03
	NAME OF	PROMOER OR SUPPLIER	143526	B. WING			M 440 1 1 1 1 1 1 1 1 1 1
	Silver	CROSS RENAL CTR			STREET ADDRESS, CITY, STATE, ZIP CO 1581 CREEK DRIVE MORRIS, IL 60450	DE DE	/11/2009
	(KA) ID PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG REGULATORY OR LSC IDENTIFYING INFORMATION)		PREFIX TAG	PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE	EUAID D DE	COMPLETION	
	F 1.Coording 2. are pather (cather cor	concentrate should be the patient, the final of alectrolyte, the data of concentrate was made person who mixed the This STANDARD is parson who mixed the This STANDARD is parson who mixed the This STANDARD is parson who mixed the Surveyor. 15168 A Based on Facility particular is a staff interview, it is not staff interview. Facility policy entities alcium Additives For a 6/0/09 at approxima authors, "Potaseium a prepared and labele interviews and the containers of the containers in following label: "3K alcium)". The labele is patient's name, the incentrate was made incentrate was made	prescribed for a specific r holding the prescribed acid to labeled with the name of concentration of the added on which the prescribed io, and the name of the eaddlive. The recipiest as evidenced by: policy review, observation, was determined, for 2 of 2 red distysate baths, (Pt. #4 by failed to ensure that the abeled in accordance with abeled in accordance with a claim additives will left 2:00 P.M. The policy and Calcium additives will left 2:00 P.M. The policy and Calcium additives will left 2:00 P.M. The policy and the label should the distyset treatment there were two as of clear fluid, each with (potassium) + 2.5 Ca acked documentation of date on which the the	V 23	DEFICIENCY	2004 icy #G-14, ives for ive labeling al concentration of person mixing pecific patient, abel.	6/26/09
	per	son who mixed the a	ddiive.	ļ	•	ļ	
314 (118-2507(03	90) Previous Versions Chaoli	eta Eveni IO; VJZR11	Feells	y ID: (L18MO II CON		

Page 1 of 2



POLICIES 4 PROCEDURES

Sargly



Manual Page G-14

TITLE:

POTASSIUM AND CALCIUM ADDITIVES FOR DIALYSATE

Purpose:

To assure prescribed dialysate concentrations of potassium acetate and calcium chloride are mixed according to

General Information:

- 1. Calcium Chioride additive is in an aqueous form and contains USP salt at a concentration of 3312 mEq/L. The product is packaged in 200ml bottles. (See attached mixing procedure as specified by additive manufacturer)
- 2. Potassium Acetate additive is in an aqueous form and contains USP salt a concentration of 8000 mEq/L. The product is packaged in 200ml bottles. (See attached mixing procedure as specified by additive
- 3. Potassium and Calcium additives will be prepared and labeled by licensed staff.
- 4. The label will include the added electrolyte, the final concentration, the date, and the name of the person making the addition. When prescribed for a specific patient, the label will also include the name of the

DEPARTMENTS AFFECTED:

EFFECTIVE DATE:

July 26, 1991

APPROVED BY:

APPROVED BY:

AUTHORIZED:

Department Head Preeti Nagarkatte, M.D. Medical Director

Keith Nelson

Peggy Gricus President (or designee) Dialysis

REVISED DATE (S):

01/94, 05/96, 02/2007, 08/2008, 06/26/09

DATE: 06/30/09

DATE: 06/30/09

DATE:

06/30/09

Manual Page G-14

	. DE	PARTMENT OF HEALT	H AND HUMAN SERVICES				
	STATE	TERS FOR MEDICARI	H AND HUMAN SERVICES 6 MEDICAID SERVICES				
	AND PL	MENT OF DERCIENCIES AN OF CORRECTION	(X1) PROMDERAUPPLIERALIA			PRINTE	D: 08/23/2009
1	1	18.21	IDENTIFICATION NUMBER	(XX) N	EULTIPLE CONSTRUCTION		
	L			A BU	LOING	DO) DATE	Y. UKURANA
	NAME O	PROVIDER OR SUPPLIER	143526	A. WIN		COMP	TELED TELED
	BILVE	T COOL - I SUPPLIER				1	
		R CROSS REVAL CTR M	ORRIS	`1	STREET ADDRESS, CITY, STATE, ZIP CODE 1551 CREEK DRIVE	08/	11/2009
	PREFIN	Prince		- 1	1651 CREEK DRIVE		
	TAG	EACH DEFICIENCY	EMENT OF DEFICIENCIES FUST SE PRECEDED BY PULL FORMYPYNIS INFORMAT	 _	MORRIS, IL 80450		1
		THE PROPERTY OF LEG	NIST BE PRECEDED BY FULL EDENTIFYING INFORMATION)	PREPR	ER CARRES		1
	V 238	Cooling		TAG	(EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APP	TION TO THE	COMPLETION
	l	Continued From page	9			ROPRIATE	DATE
		the Unit Constitute	tainers were identified by	V 238			
1		W3000 ITP 107 914 mm. m.	The state of the s		1		
1	23	during their treatments.	a dialyzate beins that were as on the previous day		1	1	l
- 1	1						- 1
- 1	1.	4. The above findings \ Administrative Director:	Mare conveyed to the	i	301	- 1	1
- 1						}	- 1
	V415	194,60(d)(4) EMERGEN	pproximately 2:45 P.M.	1		- 1	1
- 1			reproximately 2:45 P.M. ICY PREPAREDNESS	V415		- 1	- 1
- [4 8 .		T .	1	•	- 1	- 1
1			y the effectiveness of the	- 1		- 1	1
1	a	s specessis.	y the effectiveness of the plans and update than	- 1		- 1	- 1
1	- 1			1.			- 1
1		•	1			- 1	į.
1	770	h STANDADD		1			- 1
1 :	Su	la STANDARD la not 17 Neyor: 15168	lot as svidenced by:	- 1	•	1	j
l	- 1	-	1	J		- 1	- 1
I	A	Based on Hospital polici rview, it was determined	N 18Visw and along	-		- 1	ı
1	to e	rvsw, it was determined	y review and staff d that the Facility failed	V	115-494.60(a)(4) Emergency Preparedness	. 1	}
	eval	heure emergency and d histad and updated as r	leaster plans were	l Po	licy #B-12, "Dialysis Safety/Emergency R	teenaned 7/1	/00
	- 1		lecessary.	Pie	in," was revised to include evaluation of d	isser—	′ ⁵⁵
	Find	lings include:		pla	ns to include mock drills (see anached po	lieu)	1
	10 7	he Poster		In	addition, a log has been created to docume	ent .	1
	Safe	he Facility policy entitles	d, Dialysis	mo	ck drills, effectiveness of drills and needs		- 1
	on 6/	1/09 at spanning at	e Plan," was reviewed	B\$8	essment,		1
	l lacks	d a racedimensors	AR THE DOLLAR			1	- 1
	Sp es	ialis skill level and educ regardy altuation	Eational means teneding			- 1	Ì
			1	10		1	1
	2. Th	above findings were o		1			1
	Admin	sw on 6/8/09 and 6/10/1	Conveyed to the	1	•	1	1
	Jule 2	aw on 6/8/09 and 6/10/ M. The Coordinator of	09 at approvious en	- 1			
	not him	M. The Coordinator at the decumentation to in-	ated that they did	12	•	- 1	
M m			ficate that eny				1
		tavieus Vandaria Cimaleio	Event ID: VIZRI1			- 1	
			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Facility III- II	A Prince Control of the Control of t		



POLICIES & PROCEDURES

etali dilipution Buri

विकास का विकास करते हैं

Manual Page B-12

DIALYSIS SAFETY / EMERGENCY RESPONSE PLAN

The dialysis unit safety plan includes alternate sites where dialysis is provided. Guidelines for actions in the event of an emergency are as follows:

A. FIRE PROCEDURE:

Purpose:

To provide guidelines for action in the event of a fire to maintain order.

Objectives:

- 1. Know location of fire alarms and extinguishers.
- Know procedure for communicating knowledge of fire and removing patients from danger.
- Follow procedures for fire containment.

Location of Equipment:

- 1. East: Fire extinguishers are located at rear exit. Audible/visual alarm located on west wall.
 - West: Fire extinguishers are located in northwest corner of treatment area by Station #1 and Treat. The expression are noticed in northwest control of treatment area by Station #1 and northeast wall of service entrance comider. Audible/visual fire starm located on north wall in nurses station, which is connected with the Joliet Fire Department. Heat detectors/sprinklers located in ceiting and duct work throughout unit and building.
 - Morris: Fire extinguishers located at east and wast exit doors. Audible/visual alarms located in treatment area and patient waiting area.

- 1. All personnel should respond to fire alarm by coming to nursing station. Fire Procedure:
 - A. If the fire is in your location, initiate preliminary extinguishing procedure, and call



POLICIES & PROCEDURES

Harbe Admirácle albeit Bardt Solaty Gegarimants Source

Manual Page 8-12

TITLE:

DIALYSIS SAFETY / EMERGENCY RESPONSE PLAN

Policy:

The dialysis unit safety plan includes alternate sites where dialysis is provided. Guidelines for actions in the event of an emergency are as follows:

A. FIRE PROCEDURE:

Purpose:

To provide guidelines for action in the event of a fire to maintain order.

Objectives:

- 1. Know location of fire alarms and extinguishers.
- 2. Know procedure for communicating knowledge of fire and removing patients from danger.
- 3. Follow procedures for fire containment.

Location of Equipment:

- East: Fire extinguishers are located at rear exit. Audible/visual alarm located on west wait.
- 2. West: Fire extinguishers are located in northwest corner of treatment area by Station #1 and northeast wall of service entrance corridor. Audible/visual fire alarm located on north wall in nurses station, which is connected with the Joliet Fire Department. Heat detectors/sprinklers located in ceiling and duct work throughout unit and building.
- 3. Morris: Fire extinguishers located at east and west exit doors.

 Audible/visual alarms located in treatment area and patient waiting area.

Fire Procedure:

- 1. All personnel should respond to fire alarm by coming to nursing station.
 - A. If the fire is in your location, initiate preliminary extinguishing procedure, and call

Dialysis Safety / Emergency Response Plan......B-12

Page 2 of 7

emergency number to report.

East: Call extension 7800 West: Call 911 Morris: Call 911

- B. If small fire is extinguished by dialysis staff, Fire Department should be called for follow-up evaluation.
- 2. Charge Nurse will assume responsibilities for delegation of duties of the nursing and non-medical personnel.
- 3. If fire occurs in clinical area:
 - A. Nurses will remove patients from Immediate danger.
 - 1. Clamp needles. Do not attempt to return blood.
 - Walk patient or pull the patient using a blanket to an area of safety.
 - B. One staff member wilt
 - 1. Pull the fire alarm.
 - Call the emergency number and alert others in the building, stating location and nature of fire.
 - Shut off any oxygen in the room.
 - 4. Close all doors in the Department to confine the fire to that area.
 - C. Meet fire brigade and inform them of location.
- If fire occurs in another area of building, the building alarm will sound. All doors in department should be closed.

Fire Prevention Practices:

- 1. Scrupulous housekeeping.
- 2. Routine inspection of equipment, particularly electrical.
- 3. A No Smoking Policy will be maintained within the Dialysis Unit.
- 4. Instruction of employees in the use of appliances done during Education Day.
- Strict control over receiving, distributing and storage of volatile liquids.
- 6. Keep stairwell doors closed.
- All exits well-marked, clear and accessible.
- 8. Fire-resistant draperies, carpeting and uphoistery fabrics.

AUBO JULI

- 9. No storage within 36 inches (16 Inches if non-flammable material) of the ceiling and/or sprinkler heads.
- 10. Each extinguisher has been checked for its adaptability to the hazard presented in the immediate area.
- 11. Know the location and assure easy accessibility to all fire emergency exits (minimum requirement of 2).

B. TORNADO

Terminology

- 1. Tornado Watch or Severe Warning: Conditions are favorable to produce tornadoes.
- Tomado Warning: Severe weather conditions exist which has produced a tomado or a funnel cloud. A tomado or a funnel cloud has been reported.

Procedure:

Tornado Watch or Savere Weather Warning:

Upon knowledge of a tornado watch or severe weather warning, all staff should make themselves available for further response if necessary.

Tornado Warning or Sighting within 5 miles of the Dialysis Unit:

Employees with Patient Care Responsibility:

- 1. Discontinue dialysis treatment returning blood to patient by established protocol.
- 2. Obtain flashlights.
- 3. Close blinds.
- 4. Turn on all lights.
- 5. Move all patients from treatment area.
- 6. Move ambulatory patients and visitors to chairs or floor in corridor.
- 7. Obtain emergency supply box.
- 8. Close all room doors.

All Clear:

Upon receipt of official word that the tornado warning has passed, patients will be returned to treatment area to resume dialysis.

Important Key Information to Know;

1. "Spotters" are dispatched to certain areas to report changes in weather conditions.

2. All personnel remain in their workplace and seek shelter.

- 3. Patients are moved to the hallway corridor whenever possible, those that cannot, have their bed face away from the windows and protected with extra blankets.
- 4. No visitor or employee will be held against their will, but those people who choose to leave,
- 5. Do not use elevators.
- 6. Limit your telephone usage.

C. EQUIPMENT/ ELECTRICAL SAFETY

1. Power Fallure Emergency Procedure:

Purpose:

To provide safety to patients and alleviate anxiety. All staff will confidently render care to patients during power failure.

Procedure:

- 1. Obtain emergency lighting if needed.
- 2. Reassure patients that their safety is not being compromised.
- 3. If assisted by Uninterrupted Power Source (UPS), discontinue treatments returning all blood. In case of UPS failure, do not return patient blood when discontinuing treatment.

D. Monitoring at the evacuation site

Purpose:

Assess status of patients in order to reduce incidence of complications.

Objectives:

Follow procedure for proper monitoring of patients at evacuation site.

Procedure:

- 1. Check blood pressure on all patients with documentation as available.
- 2. Remove needles on stable patients, utilizing standard procedure for manual pressure and
- 3. Administer normal saline to patients PRN for hypotension.
- 4. Document condition of patients.
- 5. Patients will be discharged from evacuation site under the direction of the Charge Nurse.

Evacuation of Facility:

- Decision for evaluation will be made by Dialysis Unit Charge Person with assistance from local Fire Department.
- 2. East; Patients will be evacuated using the lower level exit door, and escorted to the Maple ... Road parking lot.

West: Patients will be evacuated to an area of safety outside of the building, located near pump station on Southwest corner of rear parking lot.

Morris: Morris patients will be evacuated to area of safety directly west of the building by the arched sign.

- 3. Charge person will assign responsibilities at evacuation location and bring Emergency Supply Box to the evacuation location.
- 4. All other available personnel will assist in evacuating patients from the building.
 - a. Do not remove needles or return blood.
 - b. Clamp both needles, disconnect lines.
 - c. Shut off power and water to machine.
 - d. Assist with evacuation after all patients are off the machine.
 - e. Feel the door (checking for heat). DO NOT OPEN IF HOT. Find an alternate
 - f. If smoke inhalation is a problem:
 - 1. Put wet doth to mouth and nose.
 - 2. Crawl along the floor.
- 5. After all patients have evacuated, all staff members will report to the evacuation site and a census will be taken.

E. Emergency Transfer of Patients

Policy and/or Procedure:

In the event of equipment malfunction or other cause preventing dialysis service to be rendered, this plan will go into effect.

- 1. All patients will be assessed regarding need for urgent treatment.
- 2. Assessments will be reviewed and discussed with attending physician for orders.
- 3. Patients not in need of urgent dialysis will be sent home to await further instructions.
- 4. Patients needing dialysis the same day will be transferred to other local units with availability of service. Renal Center West location and Silver Cross Hospital will serve as the primary reciprocal back-up service areas during emergencies. The acute dialysis room in Silver Cross Hospital will be utilized to its full capacity.

 When the facility becomes available for service, patients will be scheduled according to need and then begin usual dialysis schedule.

Emergency hotline phone number is 815-722-2586. The coordinator of the affected unit will record a message instructing patients of what to do and who to call to schedule their dialysis'

7. Notify the Renal Network

F. Patient Education/Emergency Care

It is the policy of the Dialysis unit to make a concerted effort to provide maintenance hemodialysis for its patients on a continuing basis. However, there are a number of highly unlikely potential situations which could result in the necessity to terminate dialysis at the unit such as fire, major equipment failure, etc. In the event that any occurrences happen, it is generally foreseeable that with emergency corrective action, the facility could be operational within a relatively short period of time (24 hours of less). During this time, patients would be evaluated, and those requiring immediate dialysis would be dialyzed in the hospital on acute dialysis machines. The following plans will be implemented to maintain a safe environment for both pateints and the staff.

1. Fire Emergency Plan

The Dialysis Unit takes many precautions against fires. Fire emergency equipment is available, and the staff has been trained in fire emergency procedures. In the event that a fire should occur, it is important to know what to do.

The Charge Nurse and Physician will make the decision, in the event of a fire, as to what will be done. If there is any danger, all patients will be taken off the machines immediately.

The staff will take all patients off as quickly as possible. If the danger is great enough, all dialysis lines will be clamped and disconnected. You then will be assisted out of the Dialysis Unit. If for any reason you are unable to walk, you will be assisted in either a wheel chair or by some other means. All of our staff members are trained to do this.

In the event that patients must be evacuated from the unit, an area will be set up outside the unit until additional help arrives. Emergency stock supplies are available in such an event.

2. Major Equipment Failure

In the event that a major piece of equipment should fail such as a water heater, reverse osmosis machine, etc., it would not be possible to provide fresh dialysate. The nurse supervisor and the physician will make the decision to stop dialysis.

3. Electrical Failure

In the event of a complete power fallure, you may discontinue your treatment, as instructed, or walt for staff assistance. To discontinue treatment, you must first turn off your machine, close the 2 clamps on your needles, and 2 clamps on the blood lines, then twist the locks on the ends of needles to disconnect. Do not attempt to return your blood.

4. Tornado or Severe Weather Warning

In the event of a tornado or severe weather warning a staff member will return the patients blood unless the danger is too great. All dialysis lines will be clamped and disconnected. Upon receipt of official word that the danger has passed, patients will be returned to the treatment area to resume

dialysis

In the unlikely event that any of the above occurrences happen, it is generally foreseeable that with emergency corrective action, the facility could be operational within a relatively short period of time (immediate dialysis would be dialyzed at an alternate site.

G. Evaluation of Disaster Plans

- 1. Each unit will conduct a mock drill annually and review plans for effectiveness and a needs assessment.
- 2. Staff will be responsible for completing the Dialysis Safety and Emergency CBL.

DEPARTMENTS AFFECTED:

Dialysis

EFFECTIVE DATE:

REVISED DATE (S):

October 1995

01/00, 11/02, 08/04, 06/09

APPROVED BY:

Keith Nelson Department Head

DATE:

06/30/09

APPROVED BY:

Presti Nagarkatte, M.D. Medical Director

DATE:

06/30/09

AUTHORIZED:

Peggy Gricus President (or designee)

DATE:

06/30/09

Manual Page B-12

The Intent of the Silver Cross Hospital policies and procedures is to be utilized as guidelines and guidelines

They are not to be considered inflexible standards or legal requirements.

Copyright © 2001 Silver Cross Hospital. All rights reserved.

Silver Cross Dialysis Renal Centers

Locadon:	Mock Drill Scenario:
Drill Date.	
Conducted L	
. All market by .	
Drill Attended in	
Telegraphical Coster	
Name(s):	
Memarks and Recommendations:	
	The state of the s
. 50	

STATEN UND PLA	ENT OF DEFICIENCIES OF CORRECTION	H AND HUMAN SERVICES E & MEDICAID SERVICES (X1) PROVIDERSUPPLIERCIA			ru	ED: 06/23/ RM APPRO
		DENTIFICATION MUNGER:	(X2) MI	LTIPLE CONSTRUCTION	VMD I	O 0938
		449	A BUIL		COM	LELED STATED
WHE O	F PROVIDER OR SUPPLIER	143626	a, wind		1	
SILVEI	r cross renal ctr i	MORRIS	. 1	TREET ADDRESS, CITY, STATE, 21P CODE 1661 CREEK DRIVE		/11/200B
(X4) ID PREFIX	BUNGMARY STA	MIST DE DEFICIENCIES	- 1	MORRIS, IL 60450		
TAG	REGULATORY OF	MENT OF DEFICIENCIES MUST BE PRECEDED BY FULL CONTINUES	ID			
	N N	MUST BE PRECEDED BY FULL C IDENTIFYING INFORMATION)	PREFIX	PROMDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCE) TO THE	CTION OUID DE	CONSTRAIN
V415	Continued From pag	0.40		CROSS-REFERENCED TO THE APP DEFICIENCY)	POPRATE	PATE
	i emembloky/mark and	lle 4 a a	V 415			
V 504	494.80(a)(2) ASSES	SMENT CORPORATION		1		
i		CRITERIA	V 504	1		}
- 1	(The patient's compre	thensive assessment must led to, the following:				
j	blood pressure, and fi	red to, the following:) luid management needs.]		'	1
- 1						ł
- 1		1	- 1	ai .		
		1	- 1	•		l
	THIS STANDARD IS NO	of met as evidenced by:	- 1			
200	Surveyor: 15168	oridericed by.	1		I	
A	Based on police				1	
a	hd staff interview if we	lew, clinical record review as determined that in 2 of	Į,	/504_404 encares a	1	
16	(Pt #1 and #3) attack	deminimed that in 2 of	12	/504-494.80(a)(2) Assessment Criteria	-	
F	scilly falled to ensure	racords raviawed, the that all patients' were	1.	All staff inserviced on need to record pos	dialysis	7/8/09
re	ascessed intradialytics	that all patients' were ally and post dialysis for		ssessment of edema in the hemodialysis	pationt	
5y	mploms present on the sessments.	e predialvsis	, n	cord, Renal Morris coordinator will con	duct	
**	sessments,	, ,,,,,) re	trospective audits of patient charts to do	cument	
Fin	idings Include:		C	impliance.		
			1		- 1	
Sta	Facility policy entitled,	"Hemodialysis	- 1		J	
144.	48 AM	Survey date 8/10/00 of	ĺ		j	ı
Pat	Bht Outcome: Number	ennecy of Hemodialysis:	1			ł
ABS	SSEMENT Intendiction	a in micefier DBV/	1		1	- 1
			- 1		- 1	- 1
TOUG	Mus berameters duti	e will assess the ng dialysis: A. Patient, 1.			l]
rest	signs7. Response	ס ייייי ייייי רשמפעון, זיין	1		J	1
phys	iden of several and	Notify patients	1		1	- 1
Post	dinivals - North	change or problem	!	¥	1	- 1
WTICE	d lo A. Waintstan	ALLIGIT MICHTORS DAY NOT	j	•	1	}
cond	itions or complications	in anglus, G. Other			1	ł
			İ	•		1
4 . 10	is ciluical tecord of bi	#1 was reviewed on was a 71 year old	1		J	
SULVE	V dala Sus-	T WAS THURWAY A.				

			Data Col	lection T	Cool					
Department/service: Dialysis Dates:										
Person Collecting Data: Dialysis										
Indicator: Compliance To Nursing Documentation on Treatment Record Legend: Criteria met + Variance - # Samples										
Sample Member (patient M#, individual code)	Date	BFR documented as ordered by MD	Exceptions to BFR documented	Post-dialysis edems assessment to include EDW	BP assessment, notify ND if	Changes in Heparin-MD order	List All Sections Not Completed			
1										
2										
3										
4										
3										
5										
7										
3										
)						~				
0										
1							7			
2										
3										
4										
5	$\neg \dashv$									
6	- +				- 	 -				
7										
3					\longrightarrow					
										
					$\longrightarrow \downarrow$		70			
otal	$\neg +$	-		 +						

DEPARTMENT OF HEALTH AND HUMAN'SERVICES **CENTERS FOR MEDICARE & MEDICAID SERVICES**

PRINTED: 08/23/2009 FORM APPROVED OMB NO. 0938-0391

	ATEMENT OF DEFICIENCIES (XI) PROVIDER/BUPPLIERACIA D PLAN OF CORRECTION HUMBER		(PC2) I A. BU			(23) DATE SURVEY COMPLETED	
	143526					06/11/2008	
747	PROVIDER OR SUPPLIER R CROSS RENAL CTR	ACRRIS		1	NEET ADDRESS, CITY, STATE, ZIP CODE 451 GREEK DRIVE BORRIS, IL 60450		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	Tement op depolencies Must be preceded by Full He identifying information)	ID PREF TAG		PROVIDERS PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOU CROSS-REFUNENCED TO THE APPRO DEFICIENCY)	LD BE	COMPLETION EATE
V 504	female admitted to diagnosis of End St clinical record conta 5/1, 6/3, 6/5, and 6/6 extremity edema on The treatment record assessment of the earnest ediagnoses of Chroni hypertension. The treatment records diagnoses any post diagnosed any post	the Facility on 4/14/04 with a tage Rehal Disease. The lined treatment records dated 8/09 that documented lower the prediatysis assessments, distance at time of discharge, of of Pt #2 was reviewed on Pt #2 was a 77 year old a Facility on 11/15/08 with a Kidney Disease and slinical record contained sted 5/30, 6/2, and 6/9/09 that extremity edema on the lents. The treatment records reis assessments of the	V	504	. T		• ,
8	6/10/09 at 10:30 AM. 494.90(a)(1) DEVEL PLAN OF CARE (1) Does of dialysis, must provide the nec manage the patient's	9 at 10:30 AM. (a)(1) DEVELOPMENT OF PATIENT OF CARE se of dialysis. The interdisciplinary team woulde the necessary care and services to patient's volume status;		43			
	This STANDARD is not met as evidenced by: Surveyor: 15168 A. Based on Facility policy review, clinical record review, and staff interview, it was determined, for 2 of 5, (Pt. #1 and #4) clinical records reviewed for inter and intradialytic blood pressures,				•		

If continuation sheet Page 13 of 18

A SULDING A WIND A SULDING A WIND TABLET ADDRESS CITY, STATE, 2P CODE STREET ADDRESS, CITY, STATE, 2P CODE STRICK, THE PROCESS SHOP COLOR TABLET PROTECT FROM STATE ADDRESS, CITY, STATE, 2P CODE STRICK, THE PROCESS CHOCKS-REPERIOR CITY, SHORT TABLET PROTECT FROM STATE ADDRESS, CITY, STATE, 2P CODE STREET ADDRESS, CITY, STATE FROM THE ADDRESS, CITY, STATE, 2P CODE STREET ADDRESS, CITY, STATE, 2P CORE CHOCKS-REPERIOR CITY, SHORT TABLET PROTECT ADDRESS, STOP COLOR SEACH CORREST, L. CRASH TABLET PROTECT ADDRESS, L. CODE SPECIAL ACTOR SPECIAL COLOR SPECIAL	AND PLANT OF CONNECTION 1-43526 1-435	ð	DEPA	RTMENT OF HEALTH	AND HUMAN SERVICES				PRINTE	D: 06/23/20
INMER OF PROMABER OR SUPPLIER SILVER CROSS RENAL CTH MORRIS SILVER CROSS RENAL CTH MORRIS EXAMINY STATELETH OF DEPTERENCES BY FALL STATE ADDRESS, CITY, STATE, ZP CODE 1557 CREEK DIRIVE STATE ADDRESS RENAL CTH MORRIS LEVEL STATE SECULATION OF LOS DESCRIPTIONS IN COMMITTED BY FALL STATE ADDRESS CITY, STATE, ZP CODE 1557 CREEK DIRIVE STATE ADDRESS CITY, STATE ADDR	MAKE OF PROMURE OR SUPPLIER SILVER CROSS RENAL CTR MORRIS DAY B. SUMMAY STATEMENT OF DEPTERSIONS MORRIS, IL. 19450 DAY B. SUMMAY STATEMENT OF DEPTERSIONS MORRIS, IL. 19450 DAY B. SUMMAY STATEMENT OF DEPTERSIONS MORRIS, IL. 19450 DAY B. SUMMAY STATEMENT OF DEPTERSIONS MORRIS, IL. 19450 DAY B. SUMMAY STATEMENT OF DEPTERSIONS MORRIS, IL. 19450 DAY B. SUMMAY STATEMENT OF DEPTERSIONS MORRIS, IL. 19450 DAY B. SUMMAY STATEMENT OF DEPTERSIONS MORRIS, IL. 19450 DAY B. SUMMAY STATEMENT OF DEPTERSIONS MORRIS, IL. 19450 DAY B. SUMMAY STATEMENT OF DEPTERSIONS MORRIS, IL. 19450 DAY B. SUMMAY STATEMENT OF DEPTERSIONS MORRIS, IL. 19450 DAY B. SUMMAY STATEMENT OF DEPTERSIONS MORRIS, IL. 19450 DAY B. SUMMAY STATEMENT OF DEPTERSIONS MORRIS, IL. 19450 DAY B. SUMMAY STATEMENT OF DEPTERSIONS MORRIS, IL. 19450 DAY B. SUMMAY STATEMENT OF DEPTERSIONS MORRIS, IL. 19450 TABLE TO STATEMENT AND OF CONTROL OF STATEMENT OF THE APPROPRIATE COMPANY TANK THE APPROPRIATE COMPANY THE APPROPRIATE COMPANY TO	į	JULIATEL	NT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CI IA			N	OMB NO. 0938-03	
DAY DE PREFIX TAMES TO DEPERENCES (CASH REPORTED TO THE APPROPRIATE PLAN OF CORRECTION PRODUCTION OF LIGO CHRISTIAN DEPORATION) V 543 Confinued From page 12 symptoms, and target weight, that the Facility failed to ensure that the patient's pain of care was altered to actives the patient's symptoms. Findings include: 1. The Facility failed to provide a policy for the new pian of care process when requested. 2. The clinical record of PI #1 was reviewed on survey date of 1000s. PI #1 was a 71 year old female admitted to the Facility on 41/4/40 with a diagnosis of End Stage Renal Disease. The clinical record called 52,005, for a dry weight. (EDW) of 77 kingarms (rg) without any change ordered dated 4/2/09-8/2/09, 6/2/08, for a dry weight. (EDW) of 78,2 kg. The record lacted documentation that the EDW and dishysis prescription was neevakabed and altered as neaded. (15168) 3. The clinical record for Pt. #4 was reviewed on 8/9/08. This was a 74-year-old female admitted 6/2/08 with a diagnosis of Chrisnis (idney of 15100) from the physician adjuste prescription orders from 5/12/09 through 8/2/09. At of the orders included an estimated dry weight (EDW) of 56.5 kg in Pt. #1. The hemodishysis records were reviewed from 5/12/09 through 8/2/09. At of the orders included not sufficient to other provision of the Renal Morris coordinator. In addition, the records included documentation that Pt. #4% blood pressures were fluctually with systolic pressures from 40-100 minly g. The	DAY DE PROPRIEST DE PRINCERS DE PRUIL PROPRIEST PLAN OF CORRECTION PROPRESTITES PLAN OF CORRECTION PROPRIEST PLAN OF CORRECTION PROP	4 3 1		NAME OF PROVIDER OR SUPPLIER			STREET ADDRESS CITY	/, SYATE, ZIP CODE	i to	
PROPER CONTROLLED AT STATE AND PRECEDED BY FALL METALS AND AND CONTROLLED AND CON	Plant grant description was a refrecces of FILL grant Corrections and security of LSG bearing supplications of the patient's plan of care was altered to address the patient's plan of care was altered to address the patient's plan of care was altered to address the patient's plan of care was altered to address the patient's plan of care was altered to address the patient's plan of care was altered to address the patient's plan of care was altered to address the patient's plan of care was altered to address the patient's plan of care was altered to address the patient's plan of care was altered to address the patient's plan of care was altered to address the patient's was a 71 year old female admitted to the Facility on 414/04 with a diagnosts of End Stage Renal Disease. The clinical record contained the physician's coordinated Pt #15" a wegint 75.2 kg. The records dated 5/29, 6/1, 6/3, 6/5, and 6/6/08 documentable pt #15" a wegint 75.2 kg. The records dated 5/29, 6/1, 6/3, 6/5, and 6/6/08 documentable pt #15" a wegint 75.3 to 75.2 kg. The record included documentation of the physician's distyste prescription orders from 8/12/09 through 8/200. All of the orders included an estimated dy weight (EDW) of 58.5 kg for Pt #1. The hemodishysts record were reviewed from 8/16/09 through 8/200. All of the orders included an estimated dy weight (EDW) of 58.5 kg for Pt #1. The hemodishysts record were reviewed from 8/16/09 through 8/200. All of the orders included an estimated dy weight (EDW) of 58.5 kg for Pt #1. The hemodishysts record were reviewed from 8/16/09 through 8/200. All of the orders included an estimated dy weight (EDW) of 58.5 kg for Pt #1. The hemodishysts record were reviewed from 8/16/09 through 8/200. All of the orders included an estimated dy weight (EDW) in addition, the records included documentation that for 8 of 11 residence included documentation that the Female Record for any changes in EDW.		(X4) ID	SUMMARY STATE	FACAT OF DESCRIPTIONS		MORRIS, IL 60460		_	
symptoms, and target weight, that the Facility failed to ensure that the patient's plan of care was altered to address the patient's symptoms. Findings include: 1. The Facility failed to provide a policy for the new plan of care process when requested. 2. The clinical record of Pt #1 was reviewed on survey date 0/10/09. Pt #1 was a 71 year old female admitted to the Facility on 4/14/04 with a diagnosis of End Stage Renal Disease. The clinical record contained the physiciarris orders dated 4/2/09-6/3/09, for a dry weight, (EDW) of 77 kilograms (gly without erry change ordered. The treatment records dated \$/28, \$/1, \$/3, \$/5, and 6/4/09 decumentation that the EDW and dialysis prescription was reevaluated and altered as needed. (15188) 3. The clinical record for Pt. #4 was reviewed on Elyos. This was a 74-year-old female admitted 6/23/08 with a diagnosis of Chronic Kidney Disease. The record included documentation of the physiciarris dalaysis prescription or dears from \$1/2/09 through 6/9/09. The records included an estimated dry weight (EDW) of \$8.5 kg for Pt. #1. The hemodistyls records was reviewed to the physiciarris dalaysis prescription or dears from \$1/2/09 through 6/9/09. The records for the physiciarris dalaysis prescription was between 0.6-1.4 kg lass then the ordered EDW. In addition, all licensed staff were inserviced by Renal Morris coordinator to obtain physician order for any changes in EDW. 6/17/09 through 6/9/09. The records included documentation that for 8 of 11 treatments reviewed, the patient was between 0.6-1.4 kg lass then the ordered EDW. In addition, the records included documentation that for 8 of 11 treatments reviewed, the patient was between 0.6-1 kg lass then the ordered EDW. In addition, all licensed staff were inserviced by Renal Morris coordinator to obtain physician order for any changes in EDW.	symptoms, and target weight, that the Facility failed to ensure that the patient's symptoms. Findings include: 1. The Facility failed to provide a policy for the new plan of care process when requested. 2. The clinical record of Pt #1 was reviewed on survey date of 1/10/09. Pt #1 was reviewed on survey date of 1/10/09. Pt #1 was reviewed on diagnosts of End Stage Renal Disease. The clinical record contained the physiciar's orders dated 4/2008-03/09, for a chy weight, (EDW) of 77 kilograms (elg) without any charges ordered. The treatment records dated 5/29, 6/1, 6/3, 6/5, and 6/8/09 decumentated Pt #1's weight 7/5.3 to 7/5.2 kg. The record lacked documentation that the EDW and dialysis prescription was reevaluated and altered as needed. (15169) 3. The clinical record for Pt #4 was reviewed on 8/9/09. The record included documentation of the physiciary adaptate as needed. (15169) Disease. The record included documentation of the physiciary datayate prescription orders from 5/12/09 through 6/9/09. The records included and self-mate admitted documentation that for 8 of 11 treatments reviewed, the patient was between 0.6-1.4 kg less then the orders at EUW. In addition, the records included documentation that Pt. #4's blood pressures were fluctualing with systelic pressures from 40-100 mm/lg. The		PREFIX	PREFIX (EACH DESICIENCY MUST BE ORECEDED TO		PARFI		ECTIVE ACTION SHOU ENCED TO THE APPRO	N P. DE	COMPLETION DATE
			: E G E U S a # frint C. apty	symptoms, and targer failed to ensure that altered to address the Findings include: 1. The Facility failed new plan of care produced and admitted in the diagnosis of End Stagelinical record contain dated 4/22/09-8/3/09, 77 kilograms (kg) with The treatment records and 6/8/09 documents and 6/8/09 documents for the EDW and dialysis reevaluated and altered to the EDW and dialysis reevaluated dry weight to the constant of the physician's dialysis resourced to the p	the patient's plan of care was e patient's symptoms. In provide a policy for the cass when requested. In Pt #1 was reviewed on Pt #1 was a 71 year old a Facility on 4/14/04 with a per Renal Disease. The ed the physiciants orders for a dry weight. (EDW) of cout eny change ordered. In the first waight 75,3 to incked documentation that prescription was done as needed. For Pt. #4 was reviewed on year-old female admitted as needed. For Pt. #4 was reviewed on year-old female admitted as needed. For Pt. #4 was reviewed on year-old female admitted as needed. For Pt. #4 was reviewed on year-old female admitted as needed. For Pt. #4 was reviewed on year-old female admitted as needed. For Pt. #4 was reviewed on year-old female admitted as needed. For Pt. #4 was reviewed on year-old female admitted as needed. For Pt. #4 was reviewed on year-old female admitted as needed. For Pt. #4 was reviewed on year-old female admitted as needed. For Pt. #4 was reviewed on year-old female admitted as needed. For Pt. #4 was reviewed on year-old female admitted as needed. For Pt. #4 was reviewed on year-old female admitted as needed. For Pt. #4 was reviewed on year-old female admitted as needed. For Pt. #4 was reviewed on year-old female admitted as needed.	V 5	V543 - 494.90(a)(1) of Care Policy #E-8, "Dialys to ensure that the pat an individualized and developed by an inter will be reviewed at the Renal Morris coordin Medical Director of? regarding the need to EDW are noted on the Compliance of docum patient charts was con supervision of the Rei In addition, all license Renal Morris coordina	Development of Paticises Plan of Caro," was ident assessment is folioned in comprehensive Plan and is the property of the prop	written lowed by of Care his policy acting Cross ges in order. all ader the	7/8/09 6/15/09

Dialysis Plan of Care.....E-8

Page 1 of 2



POLICIES & PROCEDURES

itome: Administration Book Salety Bepartmontal Search

Manual Page E-8

TITLE:

DIALYSIS PLAN OF CARE

PURPOSE:

To ensure that the patient assessment is followed by an individualized and comprehensive Plan of Care (POC) developed by an interdisciplinary team.

- Initial assessment and Plan of Care (POC) will be completed within 30 days or 13 treatments of admission for each patient who is new to ESRD and dialysis as well as for each patient transferring into the facility without a completed comprehensive assessment and POC.
 - a. Patient interview and initial assessment by all interdisciplinary team members.
 - 1. Physician
 - 2. Nursing
 - 3. Social Worker
 - 4. Dietitian
 - b. POC completed by all disciplines.
- 2. Re-assessment and POC completed within 90 days of initial POC
- 3. Repeat re-assessment and POC
 - a. Stable annually
 - Unstable monthly until stable
 Unstable as indicated below:
 - 1. Extended or frequent hospitalization as evidenced by hospitalization more than 8 days or more than 3 hospitalizations in one month.
 - Concurrent poor nutritional status, unmanaged anemia, and inadequate dialysis
 as evidenced by Albumin less than 3.4g/l and weight loss greater than 5% in
 one month, Hgb less than 10g/dl, and KtV less than 1.2 for Hemodialysis
 patients and 1.7 for Peritoneal Dialysis patients.
 - Significant change in psychosocial needs as evidenced by financial/housing loss, decline in physical or mental status, death or major illness in family, loss of emotional support, or physical or mental abuse.
 - Marked deterioration in health status as evidenced by recurrent serious complication. Health care team to document specific reason.
- 4. The interdisciplinary team consists of, at a minimum, the patient or patient designee, a registered nurse, a

Dialysis Plan of Care.....E-8

rage 2 OI 2

physician who is treating the patient for ESRD, a social worker, and a dietitian.

- 5. The POC must be developed from the comprehensive assessment and must include, at a minimum the following assessments:
 - a. Dose of Dialysis
 - b. Adequacy of Dialysis
 - c. Vascular access
 - d. Fluid control
 - e. Blood pressure
 - f. Anemia management
 - g. Nutritional management
 - h. Mineral metabolism
 - i. Psychosocial status
 - j. Transplant status
 - k. Modality evaluation
 - 1. Safety training
 - m. Vocational rehabilitation status
- 6. The POC will be signed by each team member to include the patient. To ensure the development of a congruent, integrated patient plan of care, the facility will conduct interdisciplinary team conferences ensure an integrated plan. To facilitate full team participation in conferences, any member, including the patient, may participate through telecommunication.

DEPARTMENTS AFFECTED:

Dialysis

EFFECTIVE DATE:

REVISED DATE (9):

June, 2009

APPROVED BY:

Keith Nelson Department Heed DATE:

06/30/09

APPROVED BY:

Preeti Nagarkatte, M.D. Medical Director DATE:

08/30/09

AUTHORIZED:

Peggy Gricus
President (or designee)

DATE:

08/30/09

Manual Page E-8

The Intent of the Silver Cross Hospital policies and procedures is to be utilized as guidelines (1998) and goals

They are not to be considered inflexible standards or legal requirements.

Copyright © 2001 Silver Cross Hospital. All rights reserved.

Data Collection Tool Department/service: Dialysis Dates:										
ı.										
Person Collecting Data: Dialysis										
Indicator	Indicator: Compliance To Nursing Documentation on Treatment Record									
Legend: Criteria met + Variance — #Samples										
CRITERIA										
		BFR documented as ordered by MD		Post-dialysis edema assessment to include EDW	BP assessment, notify ND if necessary					
0		P O		e 8	١	Changes in Reparin-MD order	ļ.			
,		88 75	Æ	Post-dialysis edema issessment to includ	6	aria				
9		e t	Exceptions to BFR documented	8 9		Feb				
		Ĕ	Ted a	P P P	\$ ≥	<u>.</u>				
Sample Member		8 0	ag e	7 8	988	. ge	List Ali Sections Not			
(patient M#, individual code)	Date	Z Z	Exceptions to documented	908	BP assess necessary	eg eg	List Ali Sections Not Completed			
	<u> </u>		шъ	re						
1										
3										
3							2 0			
4										
5										
7		 								
	0					, , , , , , , , , , , , , , , , , , , 				
8	 									
10										
11	1	1								
12			ěl.							
13										
14										
15										
16										
17										
18							12%			
19					<u> </u>					
20										
Total			l		<u> </u>					

		AND HUMAN SERVICES B MEDICAID SERVICES				FORM /	06/23/2009 APPROVED 0938-0391
STATEMENT	OF CEPICIENCIES OF COMMECTION	(X1) PROVIDER/SUPPLIER/CLIA (DENTIFICATION HUMBER:	1	NULTIPI ILDING	LE CONSTRUCTION	COMPLET	
i		143826	B. WAI	ND_		08/11	/2009
SILVER	ROVIDER OR SUPPLIER CROSS RENAL GTR			15 M	RET ADDRESS, CITY, STATE, 21P CODE 151 CREEK DRIVE ORRIS, IL 56460	TICN	115)
(X4) ID PAREPIX TAG	(EACH DÉFICIENC)	NTEWENT OF DEFICIENCIES Y NOUST BE PRICEDED BY FULL SC IDENTIFYING INFORMATION)	PREF TAG	nx	PROVIDER'S FLAN OF CORRECT (EACH CORRECTIVE AUTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	IALD BE IOPRIATE	COMPLETION BATE
∨ 543	records also include significant fluctuation change in position (and of treatments, documentation that prescription was remeded. 4. The above finding Administrative Directions interview on 6/10/06	ed documentation of one in bps during the patients from sitting to standing, at the The record tacked it the EDW and distysts evaluated and altered as ge were conveyed to the ctor and Coordinator during an B at approximately 2:45 P.M.	V	543	10 No. 10	olian 60 l	7/8/00
	review, and staff int 1 of 5 clinical recompressures (bps), (P ensure that significal findings include: 1. Facility policy en Standards, was recompressured dailysis Vit physician of any sig 2. The clinical recor 6/8/09. This was a 8/23/08 with a diagr Disease. The herm 8/6, 5/28, 5/25, 5/15 documentation that fluctuating with syst mmHg and diastolic mmHg. The record documentation of sig	ly policy review, clinical record larview, it was determined, for the reviewed for patients' blood it. #4) that the Facility failed to an changes were addressed. All the the Facility failed to an changes were addressed. All the policy requires, see the following parameters at signs Notify patient's indicant change or problem." To for Pt. #4 was reviewed on 74-year-old female admitted nosis of Chronic Kidney odialysis records dated 6/9, and 5/16/09 included Pt. #4's blood pressures were tolic pressures from 40-109 is also included sphilicant fluctuations in bps change in position from sitting in the parameters in the pressures in the parameters in			Renal Morris coordinator will review P "Hernodialysis Standards" at next staff 18-educate staff on the importance of pr documentation of any significant chang pressures, and if necessary, increased a and notification of the physician. Rena coordinator will conduct a retrospective patient charts to document compliance.	meeting to roper ses in blood ssessment al Morris e audit of	7/8/09

		I	ata Coll	ection T	ool·		
1	Departm	ent/service			Dates:		
2				ng Data: D			D
Indicato	r: <u>Com</u>	pliance To	Nursing]	<u> Pocument</u>	ation on T	reatment	Kecora
Lege	and: Cri	teria met	+ Va	ariance —	# Samp	les	<u>.</u>
o a			CDI	ΓERIA			
		9	OKI		X2		
Sample Member (patient M#, individual code)	3	BFR documented as ordered by MD	Exceptions to BFR documented	Post-dialysis edema assessment to include EDW	BP assessment, notify MD in	Changes in Heparin-ND order	List Ali Sections Not Completed
1.						(4)	
2							
4							
5							
6							
7							
8							
9 10							
10							
11 12 13							
13							
14							
14 15 16 17 18 19							
16							
17							
18							
19							
20							
Total							

DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 05/23/2009 FORM APPROVED OMB NO. 0938-0391

	of depiciencies of correction	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	()(3) M			COMPLET	
		143526	B. WD	IG_		06/11	/2009
2	PROVIDER OR SUPPLIER CROSS RENAL CTR I	MORRIS		18	eet address, city, state, zp code 841 Creek drive Lorris, IL, 6045ô	W)	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SCIDENTIPYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULL CROSS-REFERENCED TO THE APPROP DEFICIENCY)	DBE \	COMPLETION DATE
V 543	to standing, at the elacked documentation changes in blood produced as increased at the physician. 3. The above finding Administrative Direction interview on 6/10/05 494.140(b)(4) NURL Each nurse who practical nurse who	and of treatments. The record ion that the significant masures were addressed, assessment and notification of g was conveyed to the ctor and Coordinator during an at approximately 2:45 P.M.	VE	343 188			
	Surveyor: 15168 A. Based on policy and staff interview, 5 (Pt #2) clinical rec the Facility falled to administered by the Findings include: 1. Facility policy ent Standards," reviewe 1:15 PM, required, "Treatment"Nursing ManagementInternanticoagulant accomprescription." 2. Facility policy ent	enijon3. Administer	•		V688-494.140(b)(4) Nursing Services Renal Morris coordinator spoke with the A Medical Director of Nephrology at Silver regarding the need to ensure that any chan Heparin dosages are noted on the chart as a physician order. Compliance of documentation of Heparin all patient charts was completed by 6/16/0 the supervision of the Renal Morris coordi In addition, all licensed staff were inservic Renal Morris coordinator to obtain physic for any changes needed for Heparin dosag Renal Morris coordinator will conduct reta audits of patient charts to document comp	Cross ges in a orders on 9 under inator. ced by cian order ges. crospective	6/17/09

		n	ata Coll	ection To	ool		
]	Departm	ent/service			Dates:		
				ng Data: <u>D</u>			
Indicato	r: <u>Com</u>	pliance To	Nursing I	<u> Pocuments</u>	tion on Ti	reatment	Record
Lege	nd: Cri	teria met 🕂	· Va	riance —	# Sample	es	-
18		a	CRIT	ΓERIA			
		Pa	ė	\$	=		
Sample Member (patient M#, individual code)	Date	BFR documented as ordered by MD	Exceptions to BFR documented	Post-dialysis edema assessment to include EDW	BP assessment, notify MD if necessary	Changes in Heparin-MD order	List All Sections Not Completed
1		مه	Щъ	<u> </u>		8 0	
2			~				
3							
4 5 6 7	g					il II	
6	ži.						
7			,			19	
8							
9							
10							
11						•	
12							
13							
14		88.					
15							
16	70						
17							
18							
19							
20							
Total		25					

PRINTED: 08/23/2009

DEPART	MENT OF HEALTH	AND HUMAN SERVICES				FORM A OMB NO. 0	PPROVED 1938-0381
OTATEMPAT	RS FOR MEDICARE OF DEFICIENCIES OF CORRECTION	& MEDICALD SERVICES (X1) PROVIDENSUPPLIENCELY IDENTIFICATION NUMBER	(XXI) NE A. BUI		LE CONSTRUCTION	(X3) DATE SUR COMPLETI	NEY
		143528	B. WIN	iG		06/11/	2009
	ROVIDER OR SUPPLIER CROSS RENAL CTR	MUZDIG		15	EET ADDRESS, CITY, STATE, ZIP CODE SET GREEK DRIVE		
BILVER				M	ORRIS, IL 60450	nou l	
(X4) ED PRÉFIX TAG	MEANU MESICISMO	YEMENT OF DEFICIENCIES YMUST BE PRECEDED BY FULL BE IDENTIFYING INFORMATION)	ID PREF TAG		Fromders Plan of Correct (Each Corrective action sho Cross-Referenced to the Appropriate Deficiency)		COMPLETION DATE
V 688	be administered or	ige 15 re:3, Set pump for amount to er hour, and for how long 0.5 hour, 1.0 ml = 1000 units per	V	58B			·
g.	survey date 6/10/01 male admitted to the diagnoses of Chron Hypertension. The physician order date units (V push Bolus mi/hour." The clinitecords dated 5/26 that lacked any nur	ord of Pt #2 was reviewed on 8. Pt #2 was a 77 year old se Facility on 11/15/08 with his Kidney Disease and clinical record contained a sed 5/14/09 for, "Heparin 2000 and Heparin Pump 1 cal record contained treatment , 5/30, 6/2, 6/4, 6/8, and 6/9/09 sing documentation that the rin IV push was given as					
·	dated 5/21 and 5/2	contained treatment records 8/09 that indicated Pt #2 ser pump at 0.5 ml/hr instead of ired,				(6)	
to	dated 5/30, 6/2, 6/4	contained treatment records 1, 6/6, and 6/9/09 that lacked any Heparin baing given per	Ē		ar		
	The clinical record changing the Hapa	lacked any physician orders rin dosage.					
# =:	4. The findings we Coordinator during 8/10/09 at 10:30 A	re conveyed to the Facility's an interview on survey date M,					
	Surveyor: 15166						
	5. The clinical reci	ord of Pt. #3 was reviewed.					

;; ;

•

M.

PRINTED: 08/23/2009 DEPARTMENT OF HEALTH AND HUMAN SERVICES FORM APPROVED OMB NO. 0938-0391 CENTERS FOR MEDICARE & MEDICAID SERVICES PAYRUE SURVEY (X1) PROVIDER/BUPPLIER/CLIA IDENTIFICATION HUMBER CEN MULTIPLE CONSTRUCTION STATEMENT OF DEFICIENCIES COMPLETED AND PLAN OF CORRECTION A BUILDING A. WING 06/11/2009 143528 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 1851 CREEK DRIVE SILVER CROSS RENAL CTR MORRIS MORRIS, IL 60450 PROMDER'S PLAN OF CORRECTION (ZJ) COMFLETION SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE (X4) ID PREFIX TAG PREFIX DATE TAE DEFICIENCY V 6BB V 688 Continued From page 18 This was a 74-year-old female admitted 6/23/08 with diagnoses of Diabetic Nephropathy and Hypertension. The record included documentation of a physician's order for dialysis prescription, dated 6/2/09. The order included Heparin Recirc + Pump. The record also Included documentation of Standing Orders For Distysis Medications, dated 2/24/09. The standing orders included, "Heparin Sodium 1000 units/ mi- maintain patency of dialyzer..." The hemodialysis record dated 6/8/09 included documentation that Pt. #1 had the heparin pump set for 0.5 mi/hr instead of 1 mi/hr as required by the standing order. The record tacked documentation to indicate why the dosage was not administered as ordered. The above finding was conveyed to the Administrative Director and Coordinator during an interview on 6/10/09 at approximately 2:45 P.M. V688-494.140(b)(4) Nursing Services B. Based on policy review, clinical record review, 6/23/09 Renal Morris coordinator spoke with the Acting and staff interview, it was determined that in 4 of Medical Director of Nephrology at Silver Cross 11 dialysis treatments (8/9/09,5/25/09, 5/23/09, regarding the need to ensure that any changes in 5/21/09) for Pt #4, the Facility failed to ensure that the blood flow rate was provided as ordered. Blood Flow Rate are noted on the chart as a physician order. Findings include: Compliance of documentation of BFR orders on all 6/24/09 patient charts was completed by 6/24/09 under the 1. Facility policy entitled, "Hernodialyais Standards' reviewed on survey date 6/10/09 at supervision of Renal Morris coordinator. 11:00 AM required, "Intradialytic 6/26/09 In addition, all staff have been inserviced on proper Monitoring...Assessment, 1. The Nurse will asses documentation of prescribed BFR and if not the following parameters during Dialysis,.. B. maintained will document reason why. **Delivery System.. #4. Blood flow rate...**

intervention... #3. Notify Patient's physician of

2. The clinical record of Pt #4 was reviewed on

any significant change or problem.

Renal Morris coordinator will conduct retrospective

audits of patient charts to document compliance.

7/8/09

		Da	ta Collect	tion Too	Ī		
Do	sadme	_aleomice:	Dialys	is Da	ites:		
De	parun	Person	Collecting	Data: Dia	lysis	_and and D	hrone
Indicator:	Comp	Person liance To N	ursing Do	cumentati	on on Tre	atment r	<u>record</u>
		eria met +		ance —	# Samples		1
			CRITE	RIA			
		od as ordered	3FR	Post-dialysis edema assessment to include EDW	BP assessment, notify ND If necessary	eparin-MD	
Sample Member (patient M#, individual code)	Date	BFR documented as ordered by MD	Exceptions to BFR documented	Post-dialysis edema assessment to inclu	BP assessmer necessary	Changes in Heparin-MD order	List All Sections Not Completed
1							
2							
3							
4						23	
5					 		
6					-		
7				 	-	-	
8							
9				ļ	 	┼──	
10				 -		+	
11				 	-	+ -	70
12				ji .		+	
13						+	
14	1			-			
15						+	
16							_
17							
18	1					_	
19							
20	\neg						
Total							

	or ucai th	AND HUMAN SERVICES				OMB NO.	PPROVED 0938-0391
PARTI			Tores ser	TIPI E	CONSTRUCTION	(X3) DATE SIL	TED
THE RESIDENCE OF STREET		(X1) PROVIDENSUPPLIENCLY IDENTIFICATION NUMBERS	A BUIL			-	1
PAN OF	CORRECTION	MENIOLISM MANAGEMENT				08/1	1/2009
	*	143528	B, WIN				
10				BTREET	ADDRESS, CITY, STATE, ZIP CO)OE	
AME OF PR	IOMOGR OR SUPPLIER	·	1	1551	CREEK DRIVE		
II.VER C	ROSS RENAL CTR	Morris		MOI	PROVIDERS PLAN OF CO	RRECTION	CONGITUDIN
O(4) ID PREFIX	SIDMARY 51	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LBC IDENTIFYING INFORMATION	PREF TAG		PROMDER'S PLAN OF CA (EACH CORRECTIVE ACTIO CROSS-REFERENCED TO THE DEFICIENCY)	APPROPRIATE	DATE
YAG				BBB			
V 688	Continued From p	age 17	\	400			15
A 699	survey date 6/10/imate admitted for clinical record cor 6/01/09 and 6/12/ The hemodialysis 6/9/09, 5/28/09, 5 documented bloc	DS. P(#4 was a of year of the Chronic Renal Disease. The stained physician orders detect the for, "blood flow rate 400." treatment records dated i/23/09, and 5/21/09 at flow rates below the required the records detection to					
	Indicate why the	DIDOG tram 1919 Ann 1121 Annual		*			
	3. These finding Coordinator and during an intervi	s were conveyed to the Facility's the Administrative Director aw on 6/10/09 at 2:30 PM.					
					. "		
		. •					
		•					
1	1		1		l .		n sheet Page 1

THIS PAGE INTENTIONALLY LEFT BLANK

DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

42

PRINTED: 08/23/2009 FORM APPROVED OMB NO. 0938-0391

	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) J		PLE CONSTRUCTION 0	(X3) DATE S COMPLI	
150		143520	B, WI	NG_		490	1/2009
NAME OF	PAOVIDER OR SUPPLIER			•	REST ADDRESS, CITY, STATE, ZIP CODE	00/1	172003
SILVER	CROSS RENAL CTR	MORRIS			661 Creek Drive Horris, IL 60450		
(X4) ID PREFIX TAG	(BACH DEFICIENCY	ITEMENT OF DEPICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	IO PREF TAC	W.	Provider's Plan of Correg (EACH CORREGTIVE ACTION 6HO CROSS-REFERENCED TO THE APPR DEPICIENCY)	ULD BE	COMPLETION DATE
	REFERENCE Wear disposable gi patient or louching idalysis station. Stations station. Stations station. Stations station. Stations stations stations stations stations and stations are duired in the stations and policy entereautions and policy ent	lited, "Infection Control Icles," was reviewed on Rely 9:30 A.M. The policy during any procedure in Policy fluids may figloves is necessary Handwashing is to be done on 9:00-10:30 A.M. a tour of tarea was conducted.		113	494.30(a)(1)(i) CDC RR-5 Renal Morris coordinator will review it control policies at next staff meeting, infection control audits will be perform Renal Morris coordinator. Results of it control audits will be discussed at Med Nephrology Committee meetings.	In addition, ned by the nfection	6/30/09
	where a patient was (first donning gloves. At approximately 8:	:05 A.M. E#3 silenced the machine at station #2, receiving dialysis, without	à				
112	DIRECTOR'S DA PROMOEI	Administrative signi		ce	cton Dialosis		201 DATE 1-09

Any deficiency statement ending with an esterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other saleguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclossable 90 days following the date of survey whether or not a pien of correction is provided. For nursing homes, the above findings and plans of correction are disclossable 14 days following the date these documents are made available to the facility. If deficiencies are clied, an approved plan of correction is requisite to continued

PRINTED: 08/23/2008

		AND HUMAN SERVICES 8 MEDICAID SERVICES			42	FORM	: 06/23/2006 APPROVE(<u>. 0938-039</u> 1
STATEMEN	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDENSUPPLIENCLIA IDENTIFICATION NUMBER:	(X2) I	-	NPLE CONSTRUCTION	(X3) DATE S COMPL	URVEY
		143528	B, W	NQ_		06/1	1/2009
NAME OF	PROVIDER OR SUPPLIER				REST ADDRESS, CITY, STATE, ZIP CODE		
SILVER	CROSS RENAL CTR	MORRIS			1851 CREEK DRIVE MORRIS, IL 80450		
(74) ID PREFIX TAG	(BACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREI TAC	FIX.	PROVIDER'S PLAN OF CORRECTIVE ACTION SHO (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APP DEFICIENCY)	HILD BE	COMPLETION CATE
V 113	REFERENCE Wear disposable gli patient or louching t dialysis station. Stat	RR-5 AS ADOPTED BY oves when caring for the he patient's equipment at the if must remove gloves and n each patient or station.	٧	113	494.30(a)(1)(i) CDC RR-5 Renal Morris coordinator will review control policies at next staff meeting. infection control audits will be perfor Renal Morris coordinator. Results of control audits will be discussed at Mc Nephrology Committee meetings.	In addition, ned by the infection	6/30/09
	A. Based on Facility and staff interview, it staff observed. (E#2 failed to ensure hand gloves as required the Findings include: 1. Facility policy entiremental presentions and Policy and Policy entiremental presentions and Policy entiremental presenting entiremental entiremental entiremental presenting entiremental entirement	iled, "Infection Control					
	or 1709 at approximate requires, "Gloves d which possible content occur A change of between patients I between patients I between patients." 2. On 6/8/09 between the dialysis treatment The following was obtained by the following gloves.	itely 9:30 A.M. The policy luring any procedure in ct with body fluids may gloves is necessary landwashing is to be done in 9:00-10:30 A.M. a tour of area was conducted. served: 05 A.M. E#3 silenced the machine at station #2, eceiving dialysis, without			·	2	
		D7 A.M. E#2 pressed a	S =				6
	wh nelso			ce	ictor Dialasis		1-09

Any deficiency statement ending with an exterisk (*) denoted a deficiency which the institution may be excused from correcting providing it is determined that following the date of survey whether or not a pien of correction is provided. For nursing homes, the findings stated above are disclossible 80 days days tollowing the date these documents are made evaluable to the facility. If deficiencies are clied, an approved plan of correction is requisite to continued

FORM CMS-2507(02-99) Previous Versions Obsolete

Event ID: VJZR11

Facility to: IL18MO



INFECTION AND EXPOSURE CONTROL AUDIT TOOL

Facility: Reviewer:

Date: Threshold 100% Result:

Associate			
Observe associate during 10 of the	Wet Work Wor I Nor Wat White	A STATE OF THE ANALYSIS	- サイスの一大地域の大きないかーナル
following procedures:	Wet Wet		
1. Associate wears appropriate facial			
protection (includes face shield, goggles,		•	
approved side shield for glasses) during			
high-risk procedures, i.e. priming of			
dialyzer, treatment initiation, treatment			
termination, removal of fistula clamps,			
administration of medications, reuse, etc.			
2. Associate wears gloves at appropriate			
times to protect them from becoming soiled			
& to prevent transmission to patients (per			
unit policies).			-
3. Associate uses hand hygiene between			
patients, between equipment contact,			
before donning & after removing gloves			
(alcohol-based rub or hand wash), after			
patient & machine contact, before touching			
clean supplies, after contamination with	18		
blood or other infectious materials, &			
before leaving the patient treatment area.		R	

Audit Tool

	Ž	Not	Mer	Z Z	8	Z S	Me	Not	W.	T TO T	Y	2 3 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	2	Net
 4. Associate washes hands when: a. Leaving patient care area b. Entering patient care area c. If hands visibly contaminated 										.e				
5. Associate wears barrier covering at appropriate times, i.e. dialyzer set up, treatment initiation, treatment termination, removal of fistula clamps, administration of medications, reuse, etc.														
 Associate removes and stores/disposes of barrier covering per unit policy. 				3										
7. Associate properly disposes of sharps in designated sharps containers.							S	_						
8. Associate assures that sharps containers are free from blood spatter and not overfilled.							_							
9. Associate properly disposes of infectious waste in designated biohazard containers.														
10. Associate properly uses/stores dialysis supplies for each patient (supplies placed on machine in use are either discarded or disinfected after treatment). Supplies used							 							
for multiple patients (i.e. tape) and will not be disinfected are not placed on machines or in close proximity to machines.	_		-											
11. Associate caps all four (4) dialyzer ports per procedure at the end of treatment (prevents leakage).	22													

Met Not Not Not Not Not Not Wet Not Not Not Not Not Not		itent	lysis	380	lew G	Splon	
	12. Associate clamps bloodlines when stripping the dialysis machine (prevents saline/blood spills).	13. Associate thoroughly cleans patient station equipment with disinfectant solution between patient treatments.	14. Associate wipes down hemodialy, machine after treatment initiation.	15. Associate is ungloved when using computer keyboard.	16. Associate does not eat, drink, cheve gum, or apply make-up in patient care areas of the unit.	17. Associate assures that if patient holds access site, they wear gloves & use hand bygiene per unit policy.	Total

To calculate % met: Count total number of met per associate observed. Each associate observation is worth 10 points if 10 procedures were observed for each associate. Add the number of observations met to determine the associate % met. To calculate total % met, add individual % met and divide by the number of associates observed. Example: you observe 5 associates. Their scores are as follows: Associate #1: 90%

Associate #2: 90%

Associate #3: 70%

Associate #4: 100% Associate #5: 100%

te #5: $\frac{100\%}{450 + 5} = 90\%$ met

3

If continuation sheet Page 2 of 18

<i>.</i> :						•	-	
:	DEPA	RTMENT OF HEALTH	AND HUMAN SERVICES				PRINTED	: 06/23/200
			& MEDICAID SERVICES				FORM OMPLNO	APPROVED . 0938-039
	STATEM	ENT OP DEFICIENCIES N OF CORRECTION	(X1) PROVIDER/BUPPLIER/CLIA IDENTIFICATION NUMBER:	1	MUL	TIPLE CONSTRUCTION	COMPL	URVEY
d			143526	B. W	лNG		08/4	1/2009
	NAME O	F FROMPER OR SUPPLIER			a	TRESY ADDRESS, CITY, STATE, ZIP CODE	047	112003
	SILVE	r cross renal ctr i			1	1561 CREEK DRIVE MORRIS, IL 60450		
	(X4) 10 PREFID TAG	t GACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC (DENTIFYING INFORMATION)	PRE YA	FX	Providers Plan of Correctio (EACH Corrective Action Should Cross-Referenced to the Approp Deficiency)	D RE	COMPLETION
こ・一・東式	V 143	button on the dialysis where a patient was first donning gloves. At approximately 9 wrapper from bag of can by lifting the lid E#2 faited to perform proceeding to care for and also obtaining clistock drawer. 3. The above finding Administrative Direct during an interview of 2:46 P.M. B. Based on observatives determined that is separation of clean at Findings include: 1. On 6/11/09 a tour clear fluid, stored on the containers were identificational during patient treatments of the containers were identificational during patient treatments of the clear fluid. The above finding was administrative birector.	is machine at station #3, receiving dialysis, without receiving dialysis, without receiving dialysis, without receiving dialysis, without saline solution into the trash of the can with bare hands. In hand sanitization prior to or the patient at station # 2 can supplies from a clean is were conveyed to the loss and Unit Coordinator in 6/8/09 at approximately of the facility failed to ensure a red dirty. If the dialysis treatment there were multiple acid with the countartop. The field as previously used into the content were supplies. If the conveyed to the and Coordinator during an approximately 2:45 P.M.		11:		and	6/16/09
ORA		(02-99) Previous Varsions Chec			1			
			FAMILY INC. ARCH ! !		r nedi	MID: II 16MA	-	

Facility (D: IL16MO

FORM CMS-2547(DZ-89) Previous Versions Obsciete

If continuation sheet Page 3 of 18

PRINTED: 08/23/2009 DEPARTMENT OF HEALTH AND HUMAN SERVICES FORM APPROVED <u>CENTERS FOR MEDICARE & MEDICAID SERVICES</u> OMB NO. 0838-0381 STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: (22) MULTIPLE CONSTRUCTION (XS) DATE SURVEY COMPLETED A BUILDING EL WING 143526 06/11/2009 NAME OF PROVIDER OR SUPPLIER STREET ADDRÉSS, CITY, STATE, ZIP CODE 1661 CREEK DRIVE SILVER CROSS RENAL CTR MORRIS MORRIS, IL ED45D SUKIMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) PAI) ID PREFIX PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE COLD'LETION PREFIX TAG TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) V 143 Continued From page 2 V 143 compliance with current aseptic techniques when auchayadal gahatalalmba bas galanegab medications from vials and empules; and This STANDARD is not met as evidenced by: Surveyor: 15168 A Based on review of the manufacturer's V143 - 494.30(b)(2) Oversight guidelines for Tuberculin Purified Protein (TB), Renal Morris coordinator immediately discarded observation, and staff interview, it was 6/9/09 determined that In 1 of 1 vial of TB medication, the expired vial of Tubersol. the Facility falled ensure the expired/outdated All staff was inserviced on following package 6/11/09 medication was disposed of in accordance with inserts. the manufacturar's guidelines. Findings include: 1. The manufacturer's package insert for "Tuberculin Purified Protein," was reviewed on survey date 6/9/09 at 11:00 AM. The package insert required, "A vial of Tubersol which has been entered and in use for 30 days should be discarded because oxidation and degradation may have reduced the potency." 2. A tour was conducted of the Facility's treatment area on survey date 6/8/09 between 9:00 AM and 10:45 AM. During the tour, at 10:35 AM, the medication refrigerator contained one vial of Tuberculin solution opened and dated 4/15/09, 3. This finding was conveyed to the Facility's Administrative Director and Coordinator during an Interview on survey date 6/10/09 at 2:30 PM. 494.40(a) ANSI/AAMI RD52:2004 AS ADOPTED V 187 V 187 BY REFERENCE

Event ID: V.DW44

Facility ID: IL15MO

		& MEDICAID SERVICES			OMB N	M APPROV 0. 0838-03
nd Plan	NT OF DEFICIENCIES I OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1	CULTIPLE CONSTRUCTION	(PCT) DATE	
		143528	B. Wi	NG	0.0	ld d mann
IAME OF	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZI		11/2009
SILVER	CROSS RENAL CTR I	AORRIS		1551 CREEK DRIVE MORRIS, IL 60460		
(X4) ID PREFIX TAG	I KACH DEFICIENCY	Tement of deficiencies Must be preceded by full C identifying information)	PREF TAG	PROMDER'S PLAN OF	rion should be The appropriate	COMPLETY CATE
V 187	8 Environment, scho Water systems shou	ematic diagrams/labels ild include achamatic v components, valves	V .1	187		
	Additionally, piping s the contents of the p	hould be labeled to indicate ipe and direction of flow.	\$ p	. ·		
1	users should label in components in a mai davice but also desciperiolimance is verific in the event performs acceptable range.	ajor water system ner that not only identifies a libes its function, how ed, and what actions to take nee is not within an				A.,
- 1	SUIV BY OF, 15188	not met as evidenced by:	92	V187-494.40(a) ANSI/AAMI R On 6-8-09, Renal Morris coord	inator contacted	6/09/09
	was objection that t	tion and staff interview, it he Facility falled to ensure and piping involved with the eled as required.		MsrCor, the water system manu- the need for labels indicating co- direction of flow, as well as labe water system component.	nteats of pipes and	
ı	Findings include:			The water system manufacturer, the complete water room with la	bels identifying	0335
16	woolved the maint wa	During the tour it was		each water system component at of water. In addition, Renal Morris coord		844
- 1	, and biburê suc die d	els indicating the contents rection of flow, as required.		that labels will be made and affin system component to describe its	xed to each water	7/10/09
in	review on survey dai	onveyed to the Facility's and Coordinator during an 6 6/8/08 at 1:30 PM.				141
B	Y REFERENCE	RD52:2004 AS ADOPTED	V 191	1		
6.3	2.4 Softeners: Testing	gollesenbrad i				
19.2867/6	12-88) Previous Varsiens Obso			1		

		AND HUMAN SERVICES & MEDICAID SERVICES			Ì	FORM A	05/23/2009 NPPROVED 0938-0391
STATEME	NT OF DEFICIENCIES OF CORRECTION	(XI) PROVIDER/SUPPLIER/GLIA IDENTIFICATION NUMBER:	(X2) N A. BU		" · · · · · · · · · · · · · · · · · · ·	DATE SUI COMPLET	
		143528	8. W	NG_		08/11	/2009
	PROVIDER OR SUPPLIER CROSS RENAL CTR 1	AORRIS		1	rbet address, city, state, up code 1851 Creek Drive Morris, il 60450		8)
(Z4) (D PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL BC IDENTIFYING INFORMATION)	ID PREJ TAC	X	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION BHOULD BI CROSS-REFERENCED TO THE APPROPRY DEFICIENCY)	IE ATE	DATE DATE
V 191	Users should ensur sensitivity are suffic hardness manitoring oamosis machine if of the water exiting measured at the and Water hardness tessin a water softener if This STANDARD is Surveyor: 15168 A. Based on review Facility water logs a determined that the	e that test accuracy and ient to setisfy the total grequirements of the reverse nanufacturer. Total hardness the water softener should be d of each treatment day. It results should be recorded og. It not met as evidenced by: of Facility policy, review of a staff interview, it was Facility felled to ensure total jitiy's water was checked at	. •	191	V191~494.40(a) ANSI/AAMI RD 52:2004 Renal Morris coordinator modified the Dialy Water Purification Performance Log to indic time (am/pm) of the hardness check at the en each treatment day. (Log attached.) All staf inserviced on use of log.	cate nd of	6/11/09
2	Checklist," required, be made with the system to softener vehicle of patient treatment. The Facility's wall were reviewed on sure and of each treatment. The findings were and of each treatment.	er logs for the year 2009 Invey date 6/8/09 at 11:00 I documentation of the time Ick, ensuring the Facility as of treatment water at the Int day.					
V 220	Interview on survey d	or and Coordinator during an late 6/8/09 at 1:30 PM. I RD52:2004 AS ADOPTED	V 2	20			

08/28/2009 FRI 18:45 FAX 815 942 3684 RENAL CTR MORRIS +++ RENAL CTR EAST 2010

	7							THE RESIDE	CIR EAST	Me z 1
	The state of the s			3(3)				MARKET		
3	A STATE OF THE STA								是以从次数	
Ţ	A RPZ INLET 10-50 PSI					, is a control of				
-	RPZ OUTLET 10-50 PSI	 			-		 			
با	A - 8 = DELTA PRESSURE < 20 PSI		. 11		 -					-
- 15			∤		┿~-		 	 -		
	TEMPERATURE 70 - 80 F	 			┈┼─		 			
-	BOOSTER PUMP 35 - 100 PSI		-+-				 	 -		<u>-</u>
	SWITCH TO BOOSTER 1 OR 2 DAILY	<u> </u>	-	— <u> </u>	-		 	_ 		
-	MM FILTER OUTLET 30 - 100 PSI	<u> </u>			 .					
۱.	D - E = DELTA PRESSURE < 10 PSI						<u> </u>			
	SOFTENER OUTLET 25 - 100 PSI	ļ	150				<u> </u>			
1_1	0 HARDNESS SAMPLE < 5 PPM AM/PM				<u> </u>					
<u>.1</u>	3 CHLORAMINE TOTAL - FREE = < 0.1 PPM	1 <u></u>							Tr.	
1	4 CHLORAMINE TOTAL - FREE = < 0.1 PPM				Τ"		T			
<u> </u>	CARBON OUTLET 25 - 100 PSI	12								
	F · G = DELTA PRESSURE < 10 PSI			74	1					7
Н			_ -		T					"
Г	G - H = DELTA PRESSURE < 10 PSI				1			- }		-
Fi	RO PUMP SUCTION 20 - 70 PSI				┿~		 			1
	RO PUMP DISCH 350 - 450 PSI		-		 		 			_
K			+		+		 	<u>}</u>		- -
	REJECT PRESSURE 100 - 225 PSI		-		+		 -	- -		~
	RO PRODUCT COND < 40 US		_ -		┿╌		 	- -		
ŀ	RO REJECTION > 90%		- -		-		<u> </u>			
-	RO REJECT FLOW 2.0 - 5.0 GPM				+	-	 -	+		
0			+			_	ļ. ——			
P					 -		 -			
	LOOP PUMP PSI 65 - 75 PSI		-		 		<u> </u>			
F				-	┼		ļ			
-	SWITCH TO LOOP PUMP 1 OR 2 DAILY				<u> </u>			 		
	RESISTIVITY CELL A < 40 US		_		ļ <u>.</u>					
	RESISTIVITY CELL B > 2 MEG-OHM	•	. ↓		.					
	POST FILTER INLET 40 - 75 PSI		_		L.,			*1		
1	POST FILTER OUTLET 40 - 75 PSI		,		L				-	12
1	S - T = DELTA PRESSURE < 25 PSI		<u> </u>							Vi.
۳	LOOP RETURN PRESSURE 35 - 55 PSI	·	٠.							
<u>-</u> -	ALL LIGHTS GREEN YORN		\bot]				
. <u> </u>	ALARMS OK YOR N									
-J.	SALT IN BRINE TANK - BAGS ADDED									7
·	DATE							1		1
	SHIFT]				1
<u>}</u>	NAME									
·	NOTES:		1							3
			1		-			T :-		
			+-					-		
	SEE REVERSE SID	E FOR	CHLO	RAMIN	FIA	=		 		
	LOG MUST BE COMPLETED	EVERY	DAY	OF UN	IT OF	ERAT	ION			+
. 3 1	ALL READINGS MUST BE WITH	N THE	PARA	METER	3 SH	NWO	ON LOG	1.		

06/26/2008 FRI 16:48 PAX 818 842 3654

RENAL CTR MORRIS

+++ RENAL CTR EAST

Ø 011

page 2

10 -//n ch	25 - A. S.	
SIEGER CROSS HOSPITAL	MORRIS WIALKSIS FACILITY SINE #0280080	â
WATER PUS	IFICATION SHEERAMINE LOG	Ţ

- 1 FOLLOW TEST KIT INSTRUCTIONS STEP BY STEP.
- 2 TAKE CHLORAMINE SAMPLE FROM POST WORKER CARBON FILTER VALVE.
- 3 RECORD RESULTS BELOW WITH A NEGATIVE OR POSITIVE PHRASEOLOGY FROM PAST RESULTS.
- 4 IF CHLORAMINES ARE POSITIVE, TAKE SAMPLE FROM POLISHER CARBON FILTER VALVE.
- ... IF CHLORAMINES ARE POSITIVE POST POLISHER CARBON, DIALYSIS TREATMENTS CANNOT BE PERFORMED.
- IF CHLORAMINES ARE NEGATIVE POST POLISHER CARBON, CONTINUE WITH DIALYSIS TREATMENTS AND CALL FOR SERVICE.

PERFORM LOG BEFORE THE START OF EVERY SHIFT

RECORD RESULTS FROM TESTS	MON	TUE	WED	THU	FRI	SAT	SUN
SHIFT 1							
SHIFT 2							
SHIFT 3				92			

DATE:	
NOTES:	
	=

FOR SERVICE CALL: MAR COR PURIFICATION 888-962-7878

i	DEPA	RTMENT OF HEALTH	I AND HUMAN SERVICES			PRINIEC): 08/23/2009 A APPROVED
	CENT	ERS FOR MEDICARE	& MEDICAID SERVICES			OMB NO), 0838-0391
		NY OF DEFICIENCIES NOF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	V BAILOI (Scs) MAIL	NG THUCTION	COMPL DATE 1	SURVEY
		84	143526	B. WING		004	11/2009
:	ame of	PROVIDER OR SUPPLIER		81	REET ADDRESS, CITY, STATE, XP COD		1/2403
Ŀ	SILVEI	R CROSS RENAL CTR	MORRIS		1551 CREEK DRIVE MORRIS, IL 60460		
	(X4) (D PREPIX TAG	FACH DISSISTACY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC (DENTIFYING INFORMATION)	id Prefix Tag	Promder's Plan of Corr (Each Corrective action 6 Cross-Referenced to the Af Deficiency)	N仓以出 8点	COMPLETION DATE
	V 220	Continued From pay	ge 5	V 220			
		Users should estable disinfection of (the II the water distribution dialysis machine).	terial control ne supply line distrilected lish a procedure for regular ha between the outlet from n system and the back of the not met as evidenced by:		e a		
•	Ñ	A. Based on review policy review, review loga, and staff intervi the Facility failed to a	of manufacturer's guidelines, v of machine disinfection law, it was determined that ensure in 10 of 10 (machine il bleach was checked sinfection.		V220-494.40(a) ANSI/AAMI RD52 Renal Morris coordinator modified to Sanitization Log to include documen machines checked for residual bleach the bleach disinfection of the machin attached.) All staff inserviced on use	ne Machine tation of n, following es. (Log	6/11/09
	1	reviewed on survey d guidalines require, "E Tests Strips provide a means of measuring	delines for the use of E-2 rine Testa Ships was late 6/8/09 at 6:45 AM. The late 6/8/09 at 6:45 AM. The late Check Residual Chlorine a convenient, accurate the concentration of chlorine rater being used to rinse out and disinfection of ant."		•		
		isinfectant by samplification residual chloring	ed, "Machine Disinfection,: .2. Test for residua! ng fluid at the dialysate port test stripsDocument ch resuits on the machine				
	y y	AN SOOS MAIS ISANAM	ine Sanitization Logs for red on survey date 6/8/09 at			,	

06/26/2009 FRI 18:47 FAX 815 942 3654

RENAL CTR MORRIS

→→→ RENAL CTR EAST

@ 014

MACHINE SANITIZATION LOG

DATE	PROCEDURE	4	٠	C		[
	VINEGAR	•	1	0	4	S.	9	/	ထ	G	10
MOM	HEAT DISINIEEDT		0	•				12			
<u>.</u>			8								T
	DAIE / INITIALS										8
	VINEGAR										
TUE	HEAT DISINFECT										
	DATE / INITIALS										
WED	VINEGAR										
DIASAFE	DIASAFE BLEACH Nepative Rosidini Stunkt Tul										
QOWK	DATE / INITIALS										
	VINEGAR										
THUR	HEAT DISINFECT	1									
	DATE / INITIAL S									į	×
	VINECAD										
Q	NOTHIA .										
Z L	HEA! DISINFECT				-		+			1	
	DATE / INITIALS								1		
8	VINEGAR				+	\dagger	+		-	1	
SAT	HEAT DISINFECT					+	112				
	DATE / INITIALS								1		
	VINEGAR			+-			+				
SUN	HEAT DISINFECT	-	-		+				-	1	
	DATE / INITIALS					†					104
			1				1				

Y IO LES	ICALITY AND EDITION OF A STREET	RE & MEDICAID SERVICES			FOR	D: 08/23 M APPR
AND PL	UI OF CORRECTION	(X1) PROMOERSUPFLIERCLIA IDENTIFICATION MUMBER:		LTIPLE CONSTRUCTION	OMB N	O. 0938-
			A BUILD		COMP	LETED
NAME O	of Real	143626	E. WING		·	
	F PROVIDER OR SUPPLIER			TREIT ARRESTA	OE/	11/200B
SILVE	r cross renal ctr	MORRIS		TREET ADDRESS, CITY, STATE, ZIP (1661 CREEK DRIVE	CODE	
C40 10	SUMMARY ST	ATEMENT OF DEFICIENCIES		MORRIS, IL 80450		
PRÉPI TAG	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX	PROVIDER'S PLAN OF CO	DARECTION	~
		HAVE INFORMATION)	TAG	CROSS-REFERENCED TO THE	N SHOULD BE	COMPLE
V 22	Continued From pa	ine R	 	DEFICIENCY		-
	1:00 PM. The loos	Indicated that the man	V 220			
			1	1		1
			1			1
	disinfection of the m	pleach residual following the partition in the property of the project of the pro	1			J
	1					
		conveyed to the to the live Director and Coordinator		•		
	during an interview	on survey date 6/8/09 at 1:30				
V 228	PM.	and done or thos at 1:50	1			
- 220	BY REFERENCE	II RD52:2004 AS ADOPTED	V 228			
30	5,4.4,1 Mbdng system	ns; labelina	- 1			
	LANGUAGO STATIONION A	h-mad-1	1		Í	
	midding tanks, bulk str	ne using the contents of prege/dispensing tanks, and	- 1			
	small containars inter	pregeralspensing tanks, and laded for use with a single		27	j	
- 1	Manager Services	•• · · · · · · · · · · · · · · · · · ·			1	
18	fibring tenks: Prior to	batch preparation, a label	ĺ		1	
	nouid be alliked to the Compression or fermula Compression or fermula	earch preparation, a label 6 mixing tank that includes	ſ			
İc	Omposition or formula	ato ne ciculcal				
D H	eing prepared. This	abeling should remain on	1			
- 1	2 mont griff fil	a rank has been emptied.	1			
B	ulk storage/dispansing	g tanks: These tanks	1		1	
) sh	emical compositor -	g tanks: These tanks labeled to Identify the If formulation of their	1			
	ntents.	remulation of their				
Co	ificanimio Jump. As					
Jug	is should by Juge; At 2 i	ninimum, concentrate with sufficient information	j			
to	Werentiale the conta	ints from other	26			
CON	icentrate formulations	used at the facility.	ł			
Thi	STANDARD is	met as evidenced by:	}			
I Sur	veyor: 15188	ing ga avide rod pvi		5		

DEPA	RTMENT OF HEALTH	AND HUMAN SERVICES		ĺ		PRINTE	D: 05/23/200
CENT	ERS FOR MEDICARE	& MEDICAID SERVICES		1		FOR	MAPPROVE
STATEMI AND PLA	ENT OF DEFICIENCIES NOF CORRECTION	(X1) PROVIDER/BUPPLIER/CLIA IDENTIFICATION NUMBER:	(72) A A. BU		TIPLE CONSTRUCTION	DATE	D. 0938-039 SURVEY LETED
L		143526	B. WI	NG_			
INNE O	PROVIDER OR SUPPLIER			RT	REET ADDRESS, CITY, STATE, ZIP CODE	06/	11/2009
	R CROSS RENAL CTR N	AORRIS		1	ISS1 CREEK DRIVE AORRIS, IL 60450		•
(24) ID PREFIX TAG	REGULATORY OR LI	Tement of deficiencies Must be preceded by full C identifying diformation)	ID PREFI TAG	X	PROVIDER'S PLAN OF CORRECT IEACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPRIES OF THE AP	HORE	CONFLETION DATE
V 228	Continued From pag	ja 7	V2	28	V228-494.40(a) ANSI/AAMI RD52:20	nna.	
w	tank, the Facility falls labeled indicating the concentration of the concentration of the findings include; 1. A tour was conduct bicarbonate mixing re 10:30 AM. During the tank was observed.	ngredients.		40	The Chief Certified Clinical Hemodialy Technician amended the bicarbonate m label to include the chemical ingredient tank. (Ingredient label attached.) In ad Renal Morris coordinator revised Policitiled, "Mixing Powdered Bicarbonate." attached.) All staff inserviced on labeli	esis ixing tank ix of the dition, y #G-20, ' (Policy	6/11/09
V 236	2. The above finding feelilty's Administrative during an interview on PM. 494.40(a) ANSI/AAMI BY REFERENCE 5.4.5 Additives: labeling pecific pt 5.4.4.1 Concentrate in	was conveyed to the a Director and Coordinator survey date 6/8/09 at 1:30 RD52:2004 AS ADOPTED g spiked jugs/labeling if for	V 231	В		·	£ 12
	concentration of an ele- how the added electro- dded, and the name of ddition. Ontainers should be lap procentration of the addi- formation should also	de sharde ha see					
				=			
~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	3-00) Previous Versions Obsein	Evenito VIZR11	fe	EIQ I	CR IL 15MD II continue	llon sheet P	2ge 8 of 18

06/28/2009 FRI 18:47 FAX 815 942 3654

RENAL CTR MORRIS

→→→ RENAL CTR EAST

**2**018



#### NOT FOR PARENTERAL USE

This package contains:

229 grams Sodium Chloride U.S.P. 624 grams Sodium Bicarbonate U.S.P.

See SB-1000 series and concentrate label for final distysate concentrations when properly diluted with Purified Water (AAM) quality or equivalent) in a three stream 35.83X bloarbonate proportioning artificial kidney (hamodialysis) machine.

#### Mixing Instructions

- . 1. Empty contents of one package into clean, distributed mixing container.
  - 2. Add Purified Water (AAMI quality or equivalent) to bring total volume to two and one-half (2.5) gallons.
  - 3. Mlx well. Keep mixing until completely dissolved.
  - 4. Analyze dialysate for correct concentrations and read SB-1000 series acid concentrate label prior to dialysis.

CAUTION: BC-1 bicarbonate concentrate can only be used in 36.83X bicarbonate proportioning machines with Renasor SB-1000 series acid concentrate. Refer to the hemodialysis machine operator's manual for instructions prior to starting dialysis. Do not use if package is damaged. Do not use with 45X dilution dislysate delivery systems. Becterial growth may occur in concentrated bicarbonate solutions. Take care to evoid contamination. Disinfect all containers, machines, transfer lines, etc., which contact the solution. Use within 48 hours of preparation. Store at room temperature in a sealed container after preparation. Federal (U.S.A.) law prohibits dispending without prescription. Fallure to follow the Instructions for Use may result in patient injury.

14605 28th Avenue North Minneapolle, MN 55447 U.S.A. (783) 553-3300 Phone: (800) 328-3340 Toll Free:

Fax:

(783) 553-3387

87720-495/B

Mixing Powdered Bicarbonate (For Morris Unit).........G-20

Page 1 of 2



#### POLICIES & PROCEDURES

Home Administration book Setaty Repairmontal Search

Manual Page G-20

TITLE:

MIXING POWDERED BICARBONATE (FOR MORRIS UNIT)

PURPOSE:

To ensure powdered bicarbonate is mixed property.

#### **BICARB MIXING:**

- 1. Open valve V1 fill tank to batch volume level. Close valve V1.
- 2. Open valve V2. close valve V5.
- 3. Turn ON pump with manual switch.
- 4. Adjust mix flow using mix control valve V2 to minimize vortex.
- 5. Slowly add bicarb powder through hinged lid.
- 6. Continue mixing until all powder is solubilized.
- 7. Turn OFF pump with manual switch.
- 8. If needed, adjust final volume of batch using valve V1.
- 9. Turn ON pump with manual switch and allow to circulate for 10 minutes.
- 10. Turn OFF pump with manual switch. Close valve V2.
- 11. Pull sample for testing from valve V3. Upon approval, proceed with step 12.
- 12. Fill Jugs manually at Jug Access Port V3.
- 13. Affix label to the tank that includes the date of preparation and the chemical Ingredients. This label should remain on the mixing tank until the tank has been emptied.

**DEPARTMENTS AFFECTED:** 

Dialysis

**EFFECTIVE DATE:** 

REVISED DATE (S):

December 1997

03/30/98, 07/13/07, 06/26/09

**APPROVED BY:** 

Keith Nelson Department Head

DATE:

06/30/09

APPROVED BY:

Preeti Nagarkatte, M.D.

Medical Director

DATE:

06/30/09

**AUTHORIZED:** 

Peggy Gricus
President (or designee)

DATE:

06/30/09

Manual Page G-20

The intent of the Silver Cross Hospital policies and procedures is to be utilized as

	LEM	ERS FOR MEDICARI	H AND HUMAN SERVICES  E & MEDICAID SERVICES				PRINT	ED: 06/23/200 RM APPROVE
		NT OF DEFICIENCIES I OF CORRECTION	(X1) PROVIDER/BUPPLIER/CLIA IDENTIFICATION NUMBER:	(22) A		TIPLE CONSTRUCTION	OMB N PS) DATI	O. 0938-039 SURVEY
	NAME OF	PROMOEN OR SUPPLIER	143525	8. W)				
•	SILVER	CROSS RENAL CTR			STREET ADDRESS, CITY, SYATE, ZIP GODE 1581 CREEK DRIVE MORRIS, IL 60450		0	/11/2009
	(XA) ID PREFIX TAG	I REACH UP MODERNIA	Tement of depiciencies Must be preceded by Full IC IDENTIFYING INFORMATION)	PREFU TAG	_	PROVIDER'S PLAN OF CORRECTIVE (RACH CORRECTIVE ACTION SHOUL CROSS REFERENCED TO THE APPRO	D 00	COMPLETION
A STOP		When additives are patient, the contains concentrate should the patient, the final detectoryte, the date is concentrate was made an error who mixed the This STANDARD is Surveyor: 15168  A Based on Facility and staff interview R	prescribed for a specific of holding the prescribed acid acid be labeled with the name of concentration of the added on which the prescribed is, and the name of the eaddlive.  The met as evidenced by:  The following for a labeled in the colley review, observation, the colley review, observation, the following for a labeled in the colley review.	V 2		V236-494.40(a) ANSI/AAMI RD52:2004 Renal Morris coordinator revised policy #Gritled, "Potassium and Calcium Additives for Dishveste" to reflect the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control	ır	6/26/09
	F 1. Control of the parties of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the c	ind #5) that the Facilities the containers were inclicy.  Indisps include:  Indisp include:  Indisp include   Indinclude:  Indisp include:  Indisp include:  Indisp include:  Indis	red dialysate baths, (Pt. #4 by falled to ensure that the abeled in accordance with abeled in accordance with a policy and palysate," was reviewed alely 2:00 P.M. The policy and Calcium additives will aby licensed staff." The what the label should the dialysis treatment here were two to of clear fluid, each with (potassium) + 2.5 Ca acked documentation of date on which the the and the name of the dditive.		ti Ii	Dialysate" to reflect that proper additive lab will include the added electrolyte, final conclute and time of additive, and name of persone additive. When prescribed for a specific he name of patient will be added to label, in addition, all staff have been inserviced on abeling of concentrate jugs.	entration M mixing patient,	

Page 1 of 2



#### Policies 4 procedures







Manual Page G-14

TITLE:

POTASSIUM AND CALCIUM ADDITIVES FOR DIALYSATE

#### Purpose:

To assure prescribed dialysate concentrations of potassium acetate and calcium chloride are mixed according to

#### General Information:

- 1. Calcium Chioride additive is in an aqueous form and contains USP sait at a concentration of 3312 mEq/L. The product is packaged in 200ml bottles. (See attached mixing procedure as specified by additive
- 2. Potassium Acetate additive is in an aqueous form and contains USP salt a concentration of 8000 mEq/L. The product is packaged in 200ml bottles. (See attached mixing procedure as specified by additive
- 3. Potassium and Calcium additives will be prepared and labeled by licensed staff.
- 4. The label will include the added electrolyte, the final concentration, the date, and the name of the person making the addition. When prescribed for a specific patient, the label will also include the name of the

DEPARTMENTS AFFECTED:

EFFECTIVE DATE:

July 26, 1991

APPROVED BY:

APPROVED BY:

**AUTHORIZED:** 

Department Head Preeti Nagarkatte, M.D. Medical Otrector

Keith Nelson

Peggy Gricus President (or designee) Dialysis

REVISED DATE (S):

01/94, 05/96, 02/2007, 08/2008, 06/26/09

DATE: 06/30/09

DATE: 06/30/09

DATE: 06/30/09

Manual Page G-14

CE	TERS FOR MEDICAR	H AND HUMAN SERVICES E & MEDICAID SERVICES				W VAU, W.
				•	PRINT	
1	AN OF CORRECTION	(X1) PROVIDER/GUPPLIER/GLA IDENTIFICATION NUMBER:				ED: DB/23/2 RM APPROVI
I		WINDER NUMBER	(A2) I	AULTIPLE CONSTRUCTION		y. Digirla
<b></b>		4.00	~ BU	LONG	I/UJI DATE	Cit tree area
MANUEL C	P PROVIDER OR SUPPLIER	143526	A. WIN	10	COMP	LELED SCHOOL
SILVE	R CROSS REVAL CTR &				1	
	MENAL CIR L	iorris	- 1	STREET ADDRESS, CITY, STATE, ZIP CODE 1651 GREEK DRIVE	06/	11/2008
PREFIX	BUMANARY ETAY	EMENT OF DEFICIENCIES	- 1	1681 CREEK DRIVE	8	
TAG	REGULATION OF THE REGILATION O	EMENT OF DEFICIENCIES AUST SE PRECEDED BY PULL HOENTIPYNG MEORY	7	MORRIS, IL 60450		
	THE PROPERTY OF LESS	AUST SE PRECEDED BY FULL EDENTIFYING INFORMATION)	PREPA	PROVIDER'S PLAN OF CORRECTIVE ACTION		
V 238	Continued		TAG	(EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY	CLO RE	COMPLETED
	I AMINIMAD HUM BOOK	9	<del></del>	DEFICIENCY)	OPRIATE	DATE
	I V. I DR Broken L		V 23(			
	named the Coordinator a	tainers were identified by silalyaate baths that were		1		
	during their treatments	s dialyzate baths that were		1	- 1	
		-		1	- 1	
	4. The above florifers.	Ware conveyed to the			- 1	
1:	Administrative Director	Ware conveyed to the and Coordinator during an			- 1	
			- 1		- 1	
7/0/4	184,80(d)(4) EMERGEN	approximately 2:45 P.M. ICY PREPAREDNESS	- 1		1	
		THE PAREDNESS	V415		- 1	
lä	The facility must-j	1	- 7	•	- 1	
		y the effectiveness of the	- 1		ı	
a	USCOSSELY:	y the effectiveness of the Plans and update them	- 1		1	1
- 1		. == 5.2,11			J	- 1
- 1-	ĭ	1	- 1.		- }	29
		<b>,</b>	•1			
10	la STANDARD is not n Neyor: 15168	Tet an avidament	j		1	- 1
- Jour	Weyor: 15168	are avidericed by:	- 1	•	ŀ	<
IA	Record on the same	1	Ì		- 1	- 1
Inte	Based on Hospital polic rview, it was determine	ly review and staff	1		1	- 1
l to a	DELINE OFFICE OF	u mat the Facility failed	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	115-494.60(a)(4) Emergency Preparedness		1
eve	nated and abdated as	lisester piena were	Po	licy #B-12, "Dialysis Safety/Emergency P	2/1	/09
- 1	-Learned 62	HECOSTRIV.	) Fu	"Was revised to include evaluation of di		
rind	lnga include:	Ca.	, pu	ms to include mock drills (see attached pol-	iev).	l
11 7	ka Enella		In	addition, a log has been created to docume	nt l	j
Safe	he Facility policy entitle	d, Dishysis	mo	ck drills, effectiveness of drills and needs		S .
on &	11/09 at append	e Plan," was reviewed	ASS.	asnert	1	ł
<b>Beke</b>	d m remainment	PIOU A.ML The policy			1	1
CUB SE	all's sidii levol and ad.	ck drills to determine cational needs during	- 1		1	-
an en	lergency elitetion.	Gulinb coesu marve	1		- 1	1
		1	1		1	i
Admir	<b>abova findings were (</b> istrative Director and c	Sonveyed to the	<b>1</b>	•	1	j
	istrative Director and Commission on 6/8/09 and 6/4/04	Cordinator during	1		- 1	1
2:45 P	M The Consult.		1	•	1	l
not him	.M. The Coordinator a documentation to in	lated that they did	- 1		1	
	Pavicus Versions Cinalists	Heate that any	}		}	I
	Marketon & A		ı		1	J



# POLICIES & PROCEDURES

renti dale illen Burk

Separateural

Manual Page B-12

TITLE:

DIALYSIS SAFETY / EMERGENCY RESPONSE PLAN

The dialysis unit safety plan includes alternate sites where dialysis is provided. Guidelines for actions in the event of an emergency are as follows:

# A. FIRE PROCEDURE:

#### Purpose:

To provide guidelines for action in the event of a fire to maintain order.

#### Objectives:

- 1. Know location of fire alarms and extinguishers.
- 2. Know procedure for communicating knowledge of fire and removing patients from danger.
- 3. Follow procedures for fire containment.

# Location of Equipment:

- 1. East: Fire extinguishers are located at rear exit. Audible/visual alarm located on west wall.
- West: Fire extinguishers are located in northwest corner of treatment area by Station #1 and The expression of service entrance corridor. Audible/visual fire alarm located on north well in nurses station, which is connected with the Joliet Fire Department. Heat detectors/sprinklers located in ceiting and duct work throughout unit and building.
- Morris: Fire extinguishers located at east and west exit doors. Audible/visual alarms located in treatment area and patient waiting area.

- 1. All personnel should respond to fire alarm by coming to nursing station. Fire Procedure:
  - A. If the fire is in your location, initiate preliminary extinguishing procedure, and call



#### POLICIES & PROCEDURES

Hartia Administration David Salage Begaringanist Sauren

Manual Page B-12

TITLE:

DIALYSIS SAFETY / EMERGENCY RESPONSE PLAN

#### Policy:

The dialysis unit safety plan includes alternate sites where dialysis is provided. Guidelines for actions in the event of an emergency are as follows:

#### A. FIRE PROCEDURE:

#### Purpose:

To provide guidelines for action in the event of a fire to maintain order.

#### Objectives:

- 1. Know location of fire alarms and extinguishers.
- 2. Know procedure for communicating knowledge of fire and removing patients from danger.
- 3. Follow procedures for fire containment.

### Location of Equipment:

- East: Fire extinguishers are located at rear exit. Audible/visual alarm located on west wait.
- 2. West: Fire extinguishers are located in northwest corner of treatment area by Station #1 and northeast wall of service entrance corridor. Audible/visual fire alarm located on north wall in nurses station, which is connected with the Jollet Fire Department. Heat detectors/sprinklers located in celling and duct work throughout unit and building.
- 3. Morris: Fire extinguishers located at east and west exit doors.

  Audible/visual alarms located in treatment area and patient waiting area.

#### Fire Procedure:

- 1. All personnel should respond to fire alarm by coming to nursing station.
  - A. If the fire is in your location, initiate preliminary extinguishing procedure, and call .

Dialysis Salety / Emergency Response Plan......B-12

Page 2 of 7

#### emergency number to report.

East: Call extension 7800 West: Call 911 Morris: Call 911

- B. If small fire is extinguished by dialysis staff, Fire Department should be called for follow-up evaluation.
- 2. Charge Nurse will assume responsibilities for delegation of duties of the nursing and non-medical nersonnel.
- 3. If fire occurs in clinical area:
  - A. Nurses will remove patients from Immediate danger.
    - 1. Clamp needles. Do not attempt to return blood.
    - Walk patient or pull the patient using a blanket to an area of safety.
  - B. One staff member will:
    - 1. Pull the fire alarm.
    - 2. Call the emergency number and alert others in the building, stating location and nature of fire.
    - 3. Shut off any oxygen in the room.
    - 4. Close all doors in the Department to confine the fire to that area.
  - C. Meet fire brigade and inform them of location.
- 4. If fire occurs in another area of building, the building alarm will sound. All doors in department should be closed.

## Fire Prevention Practices:

- 1. Scrupulous hausekeeping.
- 2. Routine inspection of equipment, particularly electrical.
- 3. A No Smoking Policy will be maintained within the Dialysis Unit.
- 4. Instruction of employees in the use of appliances done during Education Day.
- 5. Strict control over receiving, distributing and storage of volatile liquids.
- 6. Keep stairwell doors closed.
- 7. All exits well-marked, clear and accessible.
- 8. Fire-resistant draperies, carpeting and uphoistery fabrics.

A ABO J OL ,

- 9. No storage within 36 inches (18 Inches If non-flammable material) of the ceiling and/or sprinkler heads.
- 10. Each extinguisher has been checked for its adaptability to the hazard presented in the immediate area.
- 11. Know the location and assure easy accessibility to all fire emergency exits (minimum requirement of 2).

#### B. TORNADO

#### **Terminology**

- 1. Tornado Watch or Severe Warning: Conditions are favorable to produce tornadoes.
- 2. <u>Tornado Warning</u>: Severe weather conditions exist which has produced a tornado or a funnel cloud. A tornado or a funnel cloud has been reported.

#### Procedure:

# Tornado Watch or Savere Weather Warning:

Upon knowledge of a tornado watch or severe weather warning, all staff should make themselves available for further response if necessary.

# Tornado Warning or Sighting within 5 miles of the Dialysis Unit:

# Employees with Patient Care Responsibility:

- 1. Discontinue dialysis treatment returning blood to patient by established protocol.
- 2. Obtain flashlights.
- 3. Close blinds.
- 4. Turn on all lights.
- 5. Move all patients from treatment area.
- 6. Move ambulatory patients and visitors to chairs or floor in corridor.
- 7. Obtain emergency supply box.
- 8. Close all room doors.

#### All Clear:

Upon receipt of official word that the tomado warning has passed, patients will be returned to treatment area to resume dialysis.

# Important Key Information to Know;

1. "Spotters" are dispatched to certain areas to report changes in weather conditions.

- 2. All personnel remain in their workplace and seek shelter.
- 3. Patients are moved to the hallway corridor whenever possible, those that cannot, have their bed face away from the windows and protected with extra blankets.
- 4. No visitor or employee will be held against their will, but those people who choose to leave,
- 5. Do not use elevators.
- 6. Limit your telephone usage.

# C. EQUIPMENT/ ELECTRICAL SAFETY

# 1. Power Fallure Emergency Procedure:

#### Purpose:

To provide safety to patients and alleviate anxiety. All staff will confidently render care to patients during power failure.

#### Procedure:

- 1. Obtain emergency lighting if needed.
- 2. Reassure patients that their safety is not being compromised.
- 3. If assisted by Uninterrupted Power Source (UPS), discontinue treatments returning all blood, in case of UPS failure, do not return patient blood when discontinuing treatment.

# D. Monitoring at the evacuation site

#### Purpose:

Assess status of patients in order to reduce incidence of complications.

#### Objectives;

Follow procedure for proper monitoring of patients at evacuation site.

#### Procedure:

- 1. Check blood pressure on all patients with documentation as available.
- 2. Remove needles on stable patients, utilizing standard procedure for manual pressure and
- 3. Administer normal saline to patients PRN for hypotension.
- 4. Document condition of patients.
- 5. Patients will be discharged from evacuation site under the direction of the Charge Nurse.

#### Evacuation of Facility:

- Decision for evaluation will be made by Dialysis Unit Charge Person with assistance from local Fire Department.
- 2. East: Patients will be evacuated using the lower level exit door, and escorted to the Maple ...

West: Patients will be evacuated to an area of safety outside of the building, located near pump station on Southwest corner of rear parking lot.

Morris: Morris patients will be evacuated to area of safety directly west of the building by the arched sign.

- 3. Charge person will assign responsibilities at evacuation location and bring Emergency Supply Box to the evacuation location.
- 4. All other available personnel will assist in evacuating patients from the building.
  - a. Do not remove needles or return blood.
  - b. Clamp both needles, disconnect lines.
  - c. Shut off power and water to machine.
  - d. Assist with evacuation after all patients are off the machine.
  - e. Feel the door (checking for heat). DO NOT OPEN IF HOT. Find an alternate exit.
  - f. If smoke inhalation is a problem:
    - 1. Put wet cloth to mouth and nose.
    - 2. Crawl along the floor.
- 5. After all patients have evacuated, all staff members will report to the evacuation sits and a census will be taken.

# E. Emergency Transfer of Patients

#### Policy and/or Procedure:

in the event of equipment malfunction or other cause preventing dialysis service to be rendered, this plan will go into effect.

- 1. All patients will be assessed regarding need for urgent treatment.
- 2. Assessments will be reviewed and discussed with attending physician for orders.
- 3. Patients not in need of urgent dialysis will be sent home to await further instructions.
- 4. Patients needing dialysis the same day will be transferred to other local units with availability of service. Renal Center West location and Silver Cross Hospital will serve as the primary reciprocal back-up service areas during emergencies. The acute dialysis room in Silver Cross Hospital will be utilized to its full capacity.

. WEU U UL .

- When the facility becomes available for service, patients will be scheduled according to need and then begin usual dialysis schedule.
- 6. Emergency hotline phone number is 815-722-2586. The coordinator of the affected unit will record a message instructing patients of what to do and who to call to schedule their dialysis'
- 7. Notify the Renal Network

# F. Patient Education/Emergency Care.

It is the policy of the Dialysis unit to make a concerted effort to provide maintenance hemodialysis for its patients on a continuing basis. However, there are a number of highly unlikely potential situations which could result in the necessity to terminate dialysis at the unit such as fire, major equipment failure, etc. In the event that any occurrences happen, it is generally foreseeable that with emergency corrective action, the facility could be operational within a relatively short period of time (24 hours of less). During this time, patients would be evaluated, and those requiring immediate dialysis would be dialyzed in the hospital on acute dialysis machines. The following plans will be implemented to maintain a safe environment for both patients and the staff.

#### 1. Fire Emergency Plan

The Dialysis Unit takes many precautions against fires. Fire emergency equipment is available, and the staff has been trained in fire emergency procedures. In the event that a fire should occur, it is important to know what to do.

The Charge Nurse and Physician will make the decision, in the event of a fire, as to what will be done. If there is any danger, all patients will be taken off the machines immediately.

The staff will take all patients off as quickly as possible. If the danger is great enough, all dialysis lines will be clamped and disconnected. You then will be assisted out of the Dialysis Unit. If for any reason you are unable to walk, you will be assisted in either a wheel chair or by some other means. All of our staff members are trained to do this.

In the event that patients must be evacuated from the unit, an area will be set up outside the unit until additional help arrives. Emergency stock supplies are available in such an event.

#### 2. Major Equipment Failure

In the event that a major piece of equipment should fall such as a water heater, reverse osmosis machine, etc., it would not be possible to provide fresh dialysate. The nurse supervisor and the physician will make the decision to stop dialysis.

#### 3. Electrical Failure

In the event of a complete power fallure, you may discontinue your treatment, as instructed, or walt for staff assistance. To discontinue treatment, you must first turn off your machine, close the 2 clamps on your needles, and 2 clamps on the blood lines, then twist the locks on the ends of needles to disconnect. Do not attempt to return your blood.

# 4. Tornado or Severe Weather Warning

In the event of a tornado or severe weather waming a staff member will return the patients blood unless the danger is too great. All dialysis lines will be clamped and disconnected. Upon receipt of official word that the danger has passed, patients will be returned to the treatment area to resume

dialysis

in the unlikely event that any of the above occurrences happen, it is generally foreseeable that with emergency corrective action, the facility could be operational within a relatively short period of time ( immediate dialysis would be dialyzed at an alternate site.

## G. Evaluation of Disaster Plans

- 1. Each unit will conduct a mock drill annually and review plans for effectiveness and a needs assessment.
- 2. Staff will be responsible for completing the Dialysis Safety and Emergency CBL.

**DEPARTMENTS AFFECTED:** 

**Dialysis** 

EFFECTIVE DATE:

REVISED DATE (S):

October 1995

01/00, 11/02, 08/04, 06/09

**APPROVED BY:** 

Keith Nelson Department Head

DATE:

06/30/09

APPROVED BY:

Preeti Nagarkatte, M.D. Medical Director

DATE:

06/30/09

**AUTHORIZED:** 

President (or designee)

DATE:

06/30/09

Manual Page B-12

The Intent of the Silver Cross Hospital policies and procedures is to be utilized as guidelines distant.

They are not to be considered inflexible standards or legal requirements.

Copyright © 2001 Silver Cross Hospital. All rights reserved.

# Silver Cross Dialysis Renal Centers

AND PLA	ENT OF DEFICIENCIES IN OF CORRECTION	H AND HUMAN SERVICES E & MEDICAID SERVICES  (X1) PROVIDERSUPPLIERCUA DENTIFICATION NUMBER	(XZ) MU A BUILO	LTIPLE CONSTRUCTION	OMB N	ED: 06/23/3 RM APPRO IO. 0938-0
****		143628	- 1		COM	TELED PRIVATA
WAKE O	PROVIDER OR SUPPLIER		a. Wing		- 1	
	CROSS RENAL CTR	MORRIS .	.   2	TREET ADDRESS, CITY, STATE, 21P CO 1861 GREEK DRIVE	DE	11/2 <b>0</b> 09
(X4) ID PREFIX	SUMMARY STAT	EMENT OF DEFICIENCIES		MORRIS, IL 60450		
TAG	REGULATORY OR LS	C EDENTIFYING INFORMATION)	PREFIX TAG	PROMINER'S PLAN OF COL	RECTION	(XA)
V415	Continued From page	- 40		CROSS-REFERENCED TO THE CONTINUENCY)	APPROPRIATE	COMPLETE SATE
	「こいに口名からいかいっと べっけ	h 4 4	V 415			
V 504	1-11-11-0EQ	PMEN / CRITERIA	V 804			
	ir to patient's compre include, but is not limit Blood pressure, and fi	hensive assessment must led to, the following:] uid management needs.				
1	•	of met as evidenced by:				
Fe re: sy:	(Pt#1 and #2) clinical	aw, clinical record review is delemnined that in 2 of records reviewed, the that all patients' were ally and post dialysis for predialysis	AS:	504-494.80(a)(2) Assessment Criteri il staff inserviced on need to record p sessment of edema in the hemodialy cord, Renal Murris coordinator will o rospective audits of patient charts to	poet dialysis sis patient	7/2/09
Fin	dings include:		COI	npliance.	anocument	l
11;1 Pati Assi Assi follow Vital treat physi Post firnite	ent Outcome:Nursing essment: Intradialytic i essment, 1. The nursi wing parameters durin signs7. Response to mentintervention:3, ician of any significant diolysis patient assessed diolysis patient assessed diolysis patient	survey date 6/10/06 at squacy of Hemodialysis: 3 Managament, Monitoring: 9 Will assess the 9 dialysis: A. Patient, 1. 10 Notify patient's change or problem.		•		8
condi	d to"B., Weight/volum tions or complications.	statusG. Other		•		

Data Collection Tool  Department/service: Dialysis Dates:  Person Collecting Data: <u>Dialysis</u> Indicator: <u>Compliance To Nursing Documentation on Treatment Record</u> Legend: Criteria met + Variance # Samples	ļ
Person Collecting Data: <u>Dialysis</u> Indicator: <u>Compliance To Nursing Documentation on Treatment Record</u>	l
Indicator: Compliance To Nursing Documentation on Treatment Record	ļ
Legend: Criteria met + Variance — # Samples	
1	
CRITERIA	
7	
Post-dishes edema assessment to inclide EDW And Commented as ordered by MD Hocessary  Changes in Heparin-MD House in Heparin-MD order	
	Sections Not led
2 3	· · · · · · · · · · · · · · · · · · ·
	<del></del>
4	
5	
5 6 7	
7	
8	
0	
10	
11	
12	
13	
4	
5	<del></del>
6	
7	
8 9	
otal	

		AND HUMAN'SERVICES  8 MEDICAID SERVICES				Form	): 08/23/2009 MAPPROVED ). 0938-0391
STATEM	ENT OF DEFICIENCIES IN OF CORRECTION	(XI) PROVIDER/BUPPLIERACLA IDENTIFICATION NUMBER		HULTIPL	E CONSTRUCTION	(XX) DATE &	SURVEY
		143526	B, W/	MG		ne/	1/2008
NAME C	PROVIDER OR SUPPLIER			STREE	ET ADDRESS, CITY, STATE, 20º CO		INEWOR
SILVE	r cross renal ctr i	MORRIS		- 2	1 CREEK DRIVE RRIS, IL. 60450		
(XI) I PREFI TAG	x   CEACH DÉFICIENCY	Tement op depiciencies Must be preceded by Full IC (Dentifying Information)	ID PREF TAG	IX	PROVIDERS PLAN OF COR (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	SHOULD BE	COMPLETION (XS)
V 543	female admitted to it diagnosis of End Statinical record conta 5/1, 6/3, 8/5, and 6/6 extremity edema on The treatment record assessment of the ediagnoses of Chronitypertension. The diagnoses of Chronitypertension and continued to the diagnoses of Chronitypertension. The diagnoses of Chronitypertension at the time of 4. The findings were Coordinator during at 6/10/09 at 10:30 AM. 494.90(a)(1) DEVELOPLAN OF CARE  (1) Dose of dialysis. This STANDARD is a This STANDARD is a clinical record.	the Facility on 4/14/04 with a age Renal Disease. The lined treatment records dated 1/09 that documented lower the predialysis assessments, diseased any post dialysis dema at time of discharge, of of Pt #2 was reviewed on Pt #2 was a 77 year old Facility on 11/15/08 with a Kidney Disease and slinical record contained sted 5/30, 6/2, and 6/9/09 that stremity edeme on the linical record contained sted 5/30, 6/2, and 6/9/09 that stremity edeme on the linical record contained sted 5/30, 6/2, and 6/9/09 that stremity edeme on the linical records as assessments of the discharge.  Conveyed to the Facility's in interview on survey date of the interdisciplinary team lessary care and services to the linitardisciplinary team lessary care and services to the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line	V 5	43	DEFICIENCY)		
	A. Based on Facility preview, and staff inten	colicy review, clinical record dew, it was determined, for clinical records reviewed			£ .		ā

STATEMENT OF DEPERIORIES AND PLAN OF CORRECTION  (I) PROVIDENCE ON MARKER  (I) PROVIDENCE ON MARKER  (I) STATEMENT ADDRESS, CITY, STATE, 2P COOR  (II) STATEMENT ADDRESS, CITY, STATE, 2P COOR  (III) STATEMENT ADDRESS, CITY, STATEMENT ADDRESS, CITY, STATEMENT, ADDRESS, CITY, STATEMENT, ADDRESS, CITY, STATEMENT, ADDRESS, CITY, STATEMENT, ADDRESS, CITY, STATEMENT, ADDRESS, CITY, STATEMENT, ADDRESS, CITY, STATEMENT, ADDRESS, CITY, STATEMENT, ADDRESS, CITY, STATEMENT, ADDRESS, CITY, STATEMENT, ADDRESS, CITY, STATEMENT, ADDRESS, CITY, STATEMENT, ADDRESS, CITY, STATEMENT, ADDRESS, CITY, STATEMENT, ADDRESS, CITY, STATEMENT, ADDRESS, CITY, STATEMENT, ADDRESS, CITY, STATEMENT, ADDRESS, CITY, STATEMENT, ADDRESS, CITY, STATEMENT, ADDRESS, CITY, STATEMENT, ADDRESS, CITY, STATEMENT, ADDRESS, CITY, STATEMENT, ADDRESS, CITY, STATEMENT, ADDRESS, CITY, STATEMENT, ADDRESS, CITY, STATEMENT, ADDRESS, CITY, STATEMENT, ADDRESS, CITY, STATEMENT, ADDRESS, CITY, STATEMENT, ADDRESS, CITY, STATEMENT, ADDRESS, CITY, STATEMENT, ADDRESS, CITY, STATEMENT, ADDRESS, CITY, STATEMENT, ADDRESS, CITY, STATEMENT, ADDRESS, CITY, STATEMENT, ADDRESS, CITY, STATEMENT, ADDRESS, CITY, STATEMENT, ADDRESS, CITY, STATEMENT, ADDRESS, CITY, STATEMENT, ADDRESS, CITY, STATEMENT, ADDRESS, CITY, STATEMENT, ADDRESS, CITY, STATEMENT, ADDRESS, CITY, STATEMENT, ADDRESS, CITY, STATEMENT, ADDRESS, CITY, STATEMENT, ADDRESS, CI	CENT	ERS FOR MEDICARE	I AND HUMAN SERVICES			PRINTE FOR	ED: 06/23/200 RM APPROVE
MME OF PROMIDER OR SUPPLIER  SILVER CROSS RENAL CTR MORRIS  PROPER SEASON PROMINER OF PROPERTIES SILVER CROSS RENAL CTR MORRIS  PROPER SEASON PROMINER OF PROPERTIES SILVER CROSS RENAL CTR MORRIS  PROPER SEASON PROMINER OF PROPERTIES OF PROPERTIES OF PROPERTIES OF PROPERTIES OF PROPERTIES OF PROPERTIES OF PROPERTIES OF PROPERTIES OF PROPERTIES OF PROPERTIES OF PROPERTIES OF PROPERTIES OF PROPERTIES OF PROPERTIES OF PROPERTIES OF PROPERTIES OF PROPERTIES OF PROPERTIES OF PROPERTIES OF PROPERTIES OF PROPERTIES OF PROPERTIES OF PROPERTIES OF PROPERTIES OF PROPERTIES OF PROPERTIES OF PROPERTIES OF PROPERTIES OF PROPERTIES OF PROPERTIES OF PROPERTIES OF PROPERTIES OF PROPERTIES OF PROPERTIES OF PROPERTIES OF PROPERTIES OF PROPERTIES OF PROPERTIES OF PROPERTIES OF PROPERTIES OF PROPERTIES OF PROPERTIES OF PROPERTIES OF PROPERTIES OF PROPERTIES OF PROPERTIES OF PROPERTIES OF PROPERTIES OF PROPERTIES OF PROPERTIES OF PROPERTIES OF PROPERTIES OF PROPERTIES OF PROPERTIES OF PROPERTIES OF PROPERTIES OF PROPERTIES OF PROPERTIES OF PROPERTIES OF PROPERTIES OF PROPERTIES OF PROPERTIES OF PROPERTIES OF PROPERTIES OF PROPERTIES OF PROPERTIES OF PROPERTIES OF PROPERTIES OF PROPERTIES OF PROPERTIES OF PROPERTIES OF PROPERTIES OF PROPERTIES OF PROPERTIES OF PROPERTIES OF PROPERTIES OF PROPERTIES OF PROPERTIES OF PROPERTIES OF PROPERTIES OF PROPERTIES OF PROPERTIES OF PROPERTIES OF PROPERTIES OF PROPERTIES OF PROPERTIES OF PROPERTIES OF PROPERTIES OF PROPERTIES OF PROPERTIES OF PROPERTIES OF PROPERTIES OF PROPERTIES OF PROPERTIES OF PROPERTIES OF PROPERTIES OF PROPERTIES OF PROPERTIES OF PROPERTIES OF PROPERTIES OF PROPERTIES OF PROPERTIES OF PROPERTIES OF PROPERTIES OF PROPERTIES OF PROPERTIES OF PROPERTIES OF PROPERTIES OF PROPERTIES OF PROPERTIES OF PROPERTIES OF PROPERTIES OF PROPERTIES OF PROPERTIES OF PROPERTIES OF PROPERTIES OF PROPERTIES OF PROPERTIES OF PROPERTIES OF PROPERTIES OF PROPERTIES OF PROPERTIES OF PROPERTIES OF PROPERTIES OF PROPERTIES OF PROPERTIES OF PROPERTIES OF PROPERTIES OF PROPERTIES OF PROPERTIES OF PROP	AND PLAN	MY OF DECIDIONS	(X1) PROMIER/RIDE IEE/CIA			OMB N (PG) DATE	O. 0938-036 SURVEY
SILVER CROSS RENAL CTR MORRIS    O(4) ID   RAMAMY STATEMENT OF DEPTICEMENTS   1. 04400   1. 04400   1. 04400   1. 04400   1. 04400   1. 04400   1. 04400   1. 04400   1. 04400   1. 04400   1. 04400   1. 04400   1. 04400   1. 04400   1. 04400   1. 04400   1. 04400   1. 04400   1. 04400   1. 04400   1. 04400   1. 04400   1. 04400   1. 04400   1. 04400   1. 04400   1. 04400   1. 04400   1. 04400   1. 04400   1. 04400   1. 04400   1. 04400   1. 04400   1. 04400   1. 04400   1. 04400   1. 04400   1. 04400   1. 04400   1. 04400   1. 04400   1. 04400   1. 04400   1. 04400   1. 04400   1. 04400   1. 04400   1. 04400   1. 04400   1. 04400   1. 04400   1. 04400   1. 04400   1. 04400   1. 04400   1. 04400   1. 04400   1. 04400   1. 04400   1. 04400   1. 04400   1. 04400   1. 04400   1. 04400   1. 04400   1. 04400   1. 04400   1. 04400   1. 04400   1. 04400   1. 04400   1. 04400   1. 04400   1. 04400   1. 04400   1. 04400   1. 04400   1. 04400   1. 04400   1. 04400   1. 04400   1. 04400   1. 04400   1. 04400   1. 04400   1. 04400   1. 04400   1. 04400   1. 04400   1. 04400   1. 04400   1. 04400   1. 04400   1. 04400   1. 04400   1. 04400   1. 04400   1. 04400   1. 04400   1. 04400   1. 04400   1. 04400   1. 04400   1. 04400   1. 04400   1. 04400   1. 04400   1. 04400   1. 04400   1. 04400   1. 04400   1. 04400   1. 04400   1. 04400   1. 04400   1. 04400   1. 04400   1. 04400   1. 04400   1. 04400   1. 04400   1. 04400   1. 04400   1. 04400   1. 04400   1. 04400   1. 04400   1. 04400   1. 04400   1. 04400   1. 04400   1. 04400   1. 04400   1. 04400   1. 04400   1. 04400   1. 04400   1. 04400   1. 04400   1. 04400   1. 04400   1. 04400   1. 04400   1. 04400   1. 04400   1. 04400   1. 04400   1. 04400   1. 04400   1. 04400   1. 04400   1. 04400   1. 04400   1. 04400   1. 04400   1. 04400   1. 04400   1. 04400   1. 04400   1. 04400   1. 04400   1. 04400   1. 04400   1. 04400   1. 04400   1. 04400   1. 04400   1. 04400   1. 04400   1. 04400   1. 04400   1. 04400   1. 04400   1. 04400   1. 04400   1. 04400   1. 04400   1. 04400	B WANTE OF		143528	a, Win	3	0.5	14410000
PREFIX PRODUCTION OF LSC IDENTIFY ON DEPOSITION FOR THE PROPERTY OF CONTRICTION FROM PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY	SILVER		AORRIS		1661 Creek Drive	)É	111/2009
V 543 Confinued From page 12 symptoms, and target weight, that the Facility failled to ensure that the patient's plan of care was altered to addresse the patient's plan of care was altered to addresse the patient's symptoms.  Findings include:  1. The Facility failed to provide a policy for the new plan of care process when requested.  2. The chinical record of Pt #1 was reviewed on survey date 6/10/09. Pt #1 was a 71 year old female admitted to the Facility on 4/14/dW with a diagnosis of End Stage Renal Disease. The chinical record contained the physicitary's orders dated \$4/20/9-8/20/9, 6/10/9 of 17/10/9 without any change ordered. The treatment records dated \$52,8, 6/1, 6/3, 8/5, and 8/8/0 documental pt #1 ** weight 7/5.9 to 75.2 kg. The record lacked documentation that the EDW and dialysis prescription was reviewed on 8/8/09. This was a 74-year-old female admitted (7.15/69).  3. The clinical record for Pt. #4 was reviewed on 8/8/09. This was a 74-year-old female admitted (7.25/09. All of the orders included an assimated dry weight (EDW) of 58,5 kg for Pt. #1. The hemodishysts records ware reviewed from 8/1/90 through 8/2/09. The records included documentation that for 8 of 11 treatments reviewed, the patient was between 0.6-1.4 kg lass than the ordered EDW. In addition, the records included documentation that 7.4 she blood pressures were fluctualing with systolic pressures from 92-206 mining and disatolic pressures from 92-206 mining and pressures from 92-206	(X4) ID PREFIX	# ICALIN DESIGNATE	MIST DE CHESCOS	PARPO	PROVIDERS PLAN OF CORI (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE A	PHAIN PAR	CONFLETION
Pastly ID: IL 16MO If continuation sheet Page 13 of 18	V 543 V 543 V 543 V 543 V 543 V 543 V 543 V 543 V 543 V 543 V 543 V 543 V 543 V 543 V 543 V 543 V 543 V 543 V 543 V 543 V 543 V 543 V 543 V 543 V 543 V 543 V 543 V 543 V 543 V 543 V 543 V 543 V 543 V 543 V 543 V 543 V 543 V 543 V 543 V 543 V 543 V 543 V 543 V 543 V 543 V 543 V 543 V 543 V 543 V 543 V 543 V 543 V 543 V 543 V 543 V 543 V 543 V 543 V 543 V 543 V 543 V 543 V 543 V 543 V 543 V 543 V 543 V 543 V 543 V 543 V 543 V 543 V 543 V 543 V 543 V 543 V 543 V 543 V 543 V 543 V 543 V 543 V 543 V 543 V 543 V 543 V 543 V 543 V 543 V 543 V 543 V 543 V 543 V 543 V 543 V 543 V 543 V 543 V 543 V 543 V 543 V 543 V 543 V 543 V 543 V 543 V 543 V 543 V 543 V 543 V 543 V 543 V 543 V 543 V 543 V 543 V 543 V 543 V 543 V 543 V 543 V 543 V 543 V 543 V 543 V 543 V 543 V 543 V 543 V 543 V 543 V 543 V 543 V 543 V 543 V 543 V 543 V 543 V 543 V 543 V 543 V 543 V 543 V 543 V 543 V 543 V 543 V 543 V 543 V 543 V 543 V 543 V 543 V 543 V 543 V 543 V 543 V 543 V 543 V 543 V 543 V 543 V 543 V 543 V 543 V 543 V 543 V 543 V 543 V 543 V 543 V 543 V 543 V 543 V 543 V 543 V 543 V 543 V 543 V 543 V 543 V 543 V 543 V 543 V 543 V 543 V 543 V 543 V 543 V 543 V 543 V 543 V 543 V 543 V 543 V 543 V 543 V 543 V 543 V 543 V 543 V 543 V 543 V 543 V 543 V 543 V 543 V 543 V 543 V 543 V 543 V 543 V 543 V 543 V 543 V 543 V 543 V 543 V 543 V 543 V 543 V 543 V 543 V 543 V 543 V 543 V 543 V 543 V 543 V 543 V 543 V 543 V 543 V 543 V 543 V 543 V 543 V 543 V 543 V 543 V 543 V 543 V 543 V 543 V 543 V 543 V 543 V 543 V 543 V 543 V 543 V 543 V 543 V 543 V 543 V 543 V 543 V 543 V 543 V 543 V 543 V 543 V 543 V 543 V 543 V 543 V 543 V 543 V 543 V 543 V 543 V 543 V 543 V 543 V 543 V 543 V 543 V 543 V 543 V 543 V 543 V 543 V 543 V 543 V 543 V 543 V 543 V 543 V 543 V 543 V 543 V 543 V 543 V 543 V 543 V 543 V 543 V 543 V 543 V 543 V 543 V 543 V 543 V 543 V 543 V 543 V 543 V 543 V 543 V 543 V 543 V 543 V 543 V 543 V 543 V 543 V 543 V 543 V 543 V 543 V 543 V 543 V 543 V 543 V 543 V 543 V 543 V 543 V 543 V 543 V 543 V 543 V 543 V 543 V 543 V 543 V 543 V 543 V 543 V 543 V 543	symptoms, and targifalled to ensure that altered to andreas the Findings include:  1. The Facility falled new plan of care produced and admitted to the diagrosis of End Stag clinical record contain dated 4/22/09-8/3/09, 77 kilograms (kg) with The treatment records and 8/8/09 documents and 8/8/09. This was a 74-/23/08 with a diagnost issues. The record in a physician's dialysis a serimated dry weight. The hemodialysis nor 5/18/09 through 8/2/09. This was a 74-/23/08 with a diagnost issues. The record in a physician's dialysis a settimated dry weight. The hemodialysis nor 5/18/09 through 8/2/09. This hemodialysis nor 5/18/09 through 8/2/09. This was a 74-/23/08 with a diagnost issues. The record in a physician's dialysis a settimated dry weight. The hemodialysis nor 5/18/09 through 8/2/09. This hemodialysis nor 5/18/09 through 8/2/09. This was a 74-/23/08 with a diagnost issues. The record in a physician's dialysis a dialysis is setting the records incited the records incited the records incited the records incited the records incited the records incited the records incited the records incited the records incited the records incited the records incited the records incited the records incited the records incited the records incited the records incited the records incited the records incited the records incited the records incited the records incited the records incited the records incited the records incited the records incited the records incited the records incited the records incited the records incited the records incited the records incited the records incited the records incited the records incited the records incited the records incited the records incited the records incited the records incited the records incited the records incited the records incited the records incited the records incited the records incited the reco	et weight, that the Facility the patient's plan of care was e patient's plan of care was e patient's symptoms.  It provide a policy for the ess when requested.  It provide a policy for the ess when requested.  It provide a policy for the ess when requested.  It provide a policy for the ess when requested.  It provide a policy for the ess when requested.  It provide a policy for the ess when requested.  It provide a policy for the ess when requested a for a dry weight, (EDW) of cut eny change ordered.  It provide a policy for the est was reviewed on the essert plan was to the prescription orders from the essert plan orders included (EDW) of 59.5 kg for Pt. escords were reviewed eloy. The records that for 8 of 11 a patient was between ordered EDW. In utded documentation that were fluctuating with 12-206 mmHg and 40-109 mmHg. The	V 54	V543 - 494.90(a)(1) Development of of Care Policy #E-8, "Dialysis Plan of Caro," to ensure that the patient assessment is an individualized and comprehensive developed by an interdisciplinary tean will be reviewed at the next staff meet Renal Morris coordinator spoke with a Medical Director of Nephrology at Sil regarding the need to ensure that any care noted on the chart as a physic Compliance of documentation of EDW patient charts was completed by 6/16/6 supervision of the Renal Morris coordinator to obtain phy for any changes in EDW.	Patient Plan was written s followed by Plan of Care n. This policy ting. the Acting ever Cross changes in cian order. V on all 19 under the inator. rviced by rsician order	6/15/09 6/15/09

Dialysis Plan of Care.....E-8

Page 1 of 2



### POLICIES & PROCEDURES

itome Administration Book Safety Beparencolal

Manual Page E-8

TITLE:

DIALYSIS PLAN OF CARE

### PURPOSE:

To ensure that the patient assessment is followed by an individualized and comprehensive Plan of Care (POC) developed by an interdisciplinary team.

- Initial assessment and Plan of Care (POC) will be completed within 30 days or 13 treatments of admission for each patient who is new to ESRD and dialysis as well as for each patient transferring into the facility without a completed comprehensive assessment and POC.
  - a. Patient interview and initial assessment by all Interdisciplinary team members.
    - 1. Physician
    - 2. Nursing
    - 3. Social Worker
    - 4. Dietitian
  - b. POC completed by all disciplines.
- 2. Re-assessment and POC completed within 90 days of initial POC
- 3. Repeat re-assessment and POC
  - a. Stable annually
  - Unstable monthly until stable
     Unstable as indicated below:
    - Extended or frequent hospitalization as evidenced by hospitalization more than 8 days or more than 3 hospitalizations in one month.
    - Concurrent poor nutritional status, unmanaged anemia, and inadequate dialysis
      as evidenced by Albumin less than 3.4g/l and weight loss greater than 5% in
      one month, Hgb less than 10g/dl, and KtV less than 1.2 for Hernodialysis
      patients and 1.7 for Peritoneal Dialysis patients.
    - Significant change in psychosocial needs as evidenced by financial/housing loss, decline in physical or mental status, death or major illness in family, loss of emotional support, or physical or mental abuse.
    - Marked deterioration in health status as evidenced by recurrent serious complication. Health care team to document specific reason.
- 4. The interdisciplinary team consists of, at a minimum, the patient or patient designee, a registered nurse, a

Dialysis Plan of Care.....E-8

rage 2 OI 2

physician who is treating the patient for ESRD, a social worker, and a dietitian.

- 5. The POC must be developed from the comprehensive assessment and must include, at a minimum the following assessments:
  - a. Dose of Dialysis
  - b. Adequacy of Dialysis
  - c. Vascular access
  - d. Fluid control
  - e. Blood pressure
  - f. Anemia management
  - g. Nutritional management
  - h. Mineral metabolism
  - i. Psychosocial status
  - j. Transplant status
  - k. Modality evaluation
  - i. Safety training
  - m. Vocational rehabilitation status
- 6. The POC will be signed by each team member to include the patient. To ensure the development of a congruent, integrated patient plan of care, the facility will conduct interdisciplinary team conferences ensure an integrated plan. To facilitate full team participation in conferences, any member, including the patient, may participate through telecommunication.

**DEPARTMENTS AFFECTED:** 

Dialysis

**EFFECTIVE DATE:** 

REVISED DATE (9):

June, 2009

APPROVED BY:

Keith Nelson Department Head DATE:

06/30/09

APPROVED BY:

<u>Preeti Nagarkatte, M.D.</u> Medical Director DATE:

06/30/09

**AUTHORIZED:** 

Peggy Gricus
President (or designee)

DATE:

06/30/09

Manual Page E-8

The Intent of the Silver Cross Hospital policies and procedures is to be utilized as guidelines (1997) and goals

They are not to be considered inflexible standards or legal requirements.

Copyright © 2001 Silver Cross Hospital. All rights reserved.

		Ī	Data Coll	ection T	ool	<i>-</i>		
]								
			on Collecti					
Indicato	Indicator: Compliance To Nursing Documentation on Treatment Record							
Lege	Legend: Criteria met + Variance - # Samples							
	CRITERIA							
		D			<u> </u>		,	
Sample Member (patient M#, individual code)	Date	BFR documented as ordered by ND	Exceptions to BFR documented	Post-dalysis edema assessment to include EDW	BP assessment, notify MD if necessary	Changes in Heparin-MD order	Llst Ali Sections Not Completed	
1								
2								
1 2 3 4				*				
4				-				
5								
5 6 7 8								
7								
8			9					
9								
10								
11								
11 12								
13								
13 14								
15								
16								
17 18 19 20								
19								
20								
Total								

		AND HUMAN SERVICES  A MEDICAID SERVICES			·	FORM	06/23/2009 APPROVED 0938-0391
STATEME	OF CONFICENCIES OF CONFICENCIES	(XI) "PROVIDERISTIPPLIERICLIA IDENTIFICATION HUMBER:	1	AULTIP ULDING	PLE CONSTRUCTION	COMPLE	URVEY
	9	143826	B. Wi	ND		08/1	1/2009
	Provider or Supplier CROSS RENAL GTR I	MORRIS		18	est address, city, state, zip code 151 Creek Drive Orris, il 50460		
(M4) ID PAREPTX TAG	SUICHARY STA (EACH DÉFICIENCY REGULATORY OR L	TEMENT OF DEFICIENCIES NUET BE PRECÉDED BY FULL SCIDENTIFYING INFORMATION)	D PREF TAG		PROVIDER'S FLAN OF CORRECTIVE AUTION SHO (EACH CORRECTIVE AUTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE	CONFLETION DATE
∨ 543	records also include significant fluctuation from position from of treatments. documentation that prescription was respected.  4. The above finding Administrative Directions	ed documentation of na in bpa during the patients rom sitting to standing, at the	V	543			
ť	review, and staff interestives (bps), (Pt. 1 of 5 clinical record pressures (bps), (Pt. 1 of 5 clinical record pressures (bps), (Pt. 1 of 5 clinical relationships include:  1. Facility policy entistandards, was revisepprodrately 10:00 The nurse will accerd during dialysis Vita physician of any sign 2. The clinical record 6/8/09, This was a 7 8/23/08 with a diagnot bisease. The hemore 8/8, 6/28, 5/28, 5/19, documentation that Ffuctuating with system in the recorded documentation of sign documentation of sign diagnotics.	swad on 6/10/09 at A.M. The policy requires, se the following parameters I signe Notify patient's difficant change or problem." for Pt. #4 was reviewed on 4-year-old female admitted pals of Chronic Kidney dialysis records dated 6/9, and 5/16/09 included Pt. #4's blood pressures were ple pressures from 92-208 oreasures from 40-109		1	Renal Morris coordinator will review Por "Hernodialyris Standards" at next staff a re-educate staff on the importance of prodocumentation of any significant change pressures, and if necessary, increased as and notification of the physician. Renal coordinator will conduct a retrospective patient charts to document compliance.	meeting to oper es in blood esessment i Morris	7/8/09

Department/service: Dialysis Dates: Person Collecting Data: Dialysis Indicator: Compliance To Nursing Documentation on Treatment Record  Legend: Criteria met + Variance — # Samples  CRITERIA  CRITERIA  Sample Member (patient M#, individual code) 0				Data Col	lection T	`ool ·		
Person Collecting Data: Dialysis Indicator: Compliance To Nursing Documentation on Treatment Record  Legend: Criteria met + Variance — # Samples  CRITERIA  Sample Member (patient M#, individual code)  1  2  3  4  5  6  7  8  9  0  0  1  1  1  1  1  1  1  1  1  1  1		Departr						
Indicator: Compliance To Nursing Documentation on Treatment Record  Legend: Criteria met + Variance — #Samples  CRITERIA  CRITERIA  Sample Member (patient M#, individual code)  1 2 3 4 6 6 7 8 9 10 11 12 13 14 15 16 17 18 19 10 10 11 11 12 13 14 15 16 17 18 19 10 10 11 11 12 13 14 15 16 17 18 19 10 10 11 11 12 13 14 15 16 17 18 19 10 10 11 11 12 12 13 14 15 16 17 18 19 10 10 11 11 12 13 14 15 16 17 18 19 10 10 11 11 12 12 13 14 15 16 17 18 19 10 10 11 11 12 12 13 14 15 16 17 18 19 10 10 11 11 12 12 13 14 15 16 17 18 19 10 10 11 11 12 12 13 14 15 16 17 18 19 10 10 11 11 12 12 13 14 15 16 16 17 18 19 10 10 11 11 12 12 13 14 15 16 16 17 18 19 10 10 11 11 12 12 13 14 15 16 16 17 18 19 10 10 11 11 12 12 13 14 15 16 16 17 18 19 10 10 11 11 12 12 13 14 15 16 16 17 18 19 10 10 11 11 12 12 13 14 15 16 16 17 18 18 19 10 10 11 11 12 12 13 14 15 16 16 17 18 18 19 10 10 11 11 12 12 13 14 15 16 16 17 18 18 19 10 10 11 11 12 12 13 14 15 16 16 17 18 18 19 10 10 11 11 11 12 12 13 14 15 16 16 17 18 18 18 18 18 18 18 18 18 18 18 18 18	a a		Pers	on Collect	ing Data: I	Dialysis	· · · · · · · · · · · · · · · · · · ·	<del>-</del>
Sample Member (patient M#, individual code)  1 2 3 4 4 5 6 6 7 8 9 9 10 11 12 13 14 15 16 16 16 17 18 18 19 19 10 10 11 11 12 13 14 15 16 16 16 17 18 18 19 19 10 10 11 11 12 13 14 15 16 16 16 17 18 18 19 19 10 10 11 11 12 13 14 15 16 16 16 17 18 18 19 19 10 10 11 11 12 13 14 15 16 16 16 17 18 18 19 19 10 10 11 11 12 13 14 15 16 16 16 17 18 18 19 19 10 11 11 12 13 14 15 16 16 16 17 18 18 19 19 10 11 11 12 13 14 15 16 16 16 17 18 18 19 19 10 11 11 12 13 14 15 16 16 16 17 18 18 19 19 10 11 11 12 13 14 15 16 16 16 17 18 18 19 19 10 10 11 11 12 13 14 15 16 16 16 17 18 18 18 18 18 18 18 18 18 18 18 18 18	Indicat	or: <u>Com</u>	pliance To	Nursing	Document	ation on '	<u> Creatment</u>	Record
Sample Member (patient M#, individual code)  1 2 3 4 4 5 6 6 7 8 9 9 10 11 12 13 14 15 16 16 16 17 18 18 19 19 10 10 11 11 12 13 14 15 16 16 16 17 18 18 19 19 10 10 11 11 12 13 14 15 16 16 16 17 18 18 19 19 10 10 11 11 12 13 14 15 16 16 16 17 18 18 19 19 10 10 11 11 12 13 14 15 16 16 16 17 18 18 19 19 10 10 11 11 12 13 14 15 16 16 16 17 18 18 19 19 10 11 11 12 13 14 15 16 16 16 17 18 18 19 19 10 11 11 12 13 14 15 16 16 16 17 18 18 19 19 10 11 11 12 13 14 15 16 16 16 17 18 18 19 19 10 11 11 12 13 14 15 16 16 16 17 18 18 19 19 10 10 11 11 12 13 14 15 16 16 16 17 18 18 18 18 18 18 18 18 18 18 18 18 18		d						
Sample Member (patient M#, individual code)  1 2 3 4 5 6 7 8 9 10 11 12 13 4 5 6 7 8 9 9 10 11 12 13 14 15 16 17 18 18 18 18 18 18 18 18 18 18 18 18 18	Leg	ena: Cr	itena met	+ V	ariance —	# Samp	oles	
1		· · · · · · · · · · · · · · · · · · ·		CRI'	TERIA			
1		1	documented as ordered ID	iptions to BFR umented	t-dialysis edema ssment to include EDW	ment, notify MD	iges in Heparin-MD F	n
2 3 4 6 6 6 6 6 6 6 7 7 7 7 7 7 7 7 7 7 7 7	individual code)	Dat	BFR by M	Exce	Pos asse	BP a	Chan	List Ali Sections Not Completed
4	1							
4	2							
6       6         7       7         8       9         10       11         12       13         13       14         15       6         7       8         9       0								
6	4							
7	5							
B	6							
9	7	_						
10	8		**		_			
11       12       13       14       15       6       7       8       9       0	9							
2	10							
3	11							
3	12							
14       15       6       7       8       9       0	13							
5 6 7 7 8 9 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	14							<i>3</i>
6 7 7 8 9 9 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	15				Ti.			
7 8 9 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0							-	
8 9 0								
9	8							
O O	9							· · · · · · · · · · · · · · · · · · ·
	10							**************************************
	otal					·		

DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 05/23/2009 FORM APPROVED OMB NO. 0938-0391

	nt of deficiencies I of correction	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL		(CO) DATE SURVEY COMPLETED
55	i	143526	B. WING		06/11/2009
	PROVIDER OR SUPPLIER R CROSS RENAL CTR I			rest address, city, state, zp code 1661 Creek drive Morris, IL, 60450	
(XA) ID PREFIX TAG	I IEACH DEFICIENCY	Telent of Deficiencies Must be preceded by Full SC IDENTIFYING HIFORMATION	PREFIX TAG	Provider's Plan of Correcti (Each Corrective action should cross-referenced to the appro deficiency)	LD BE COMPLETION
V 688	to standing, at the elacked documentation changes in blood production as increased at the physician.  3. The above finding Administrative Direction on 6/10/09 494.140(b)(4) NURS Each nurse who propatients must be elitipractical nurse who	and of treatments. The record on that the significant essures were addressed, essessment and notification of was conveyed to the for and Coordinator during an at approximately 2:45 P.M. SING SERVICES vides care and treatment to ser a registered purse or a	V 543	·	
1	A. Based on policy mand stelf interview, it is (Pt #2) clinical records the Facility falled to eadministered by the Findings include:  1. Facility policy entitional factories, reviewed 1:15 PM, required, " Treatment" Nursing Management Intervent antecongulant according prescription."  2. Facility policy entitions in the prescription."	on survey date 6/10/09 at initiation of survey date 6/10/09 at initiation of survey.  Initiation of survey. The survey of the first survey of the first survey. The survey of the first survey of the first survey of the first survey of the first survey of the first survey of the first survey of the first survey of the first survey of the first survey of the first survey of the first survey of the first survey of the first survey of the first survey of the first survey of the first survey of the first survey of the first survey of the first survey of the first survey of the first survey of the first survey of the first survey of the first survey of the first survey of the first survey of the first survey of the first survey of the first survey of the first survey of the first survey of the first survey of the first survey of the first survey of the first survey of the first survey of the first survey of the first survey of the first survey of the first survey of the first survey of the first survey of the first survey of the first survey of the first survey of the first survey of the first survey of the first survey of the first survey of the first survey of the first survey of the first survey of the first survey of the first survey of the first survey of the first survey of the first survey of the first survey of the first survey of the first survey of the first survey of the first survey of the first survey of the first survey of the first survey of the first survey of the first survey of the first survey of the first survey of the first survey of the first survey of the first survey of the first survey of the first survey of the first survey of the first survey of the first survey of the first survey of the first survey of the first survey of the first survey of the first survey of the first survey of the first survey of the first survey of the first survey of the first survey of the first survey of the first survey of the first survey of the first survey of the first survey of the first survey of the first su		V688-494,140(b)(4) Nursing Services Renal Morris coordinator spoke with the A Medical Director of Nephrology at Silver regarding the need to ensure that any chan Heparin dosages are noted on the chart as a physician order.  Compliance of documentation of Heparin all patient charts was completed by 6/16/09 the supervision of the Renal Morris coordi In addition, all licensed staff were inservic Renal Morris coordinator to obtain physici for any changes needed for Heparin dosage Renal Morris coordinator will conduct retr audits of patient charts to document comple	Cross ges in a priders on 6/16/09 9 under nator. ed by an order es. ospective 7/8/09
M CUS-254	7(02-08) Province Variable Obs	Iciats Event (D: VJZR11	Fact	Ry ID: L15MO	on short Page 15 of 18

4	•	]	Data Coll	ection T	ool						
	Department/service: Dialysis Dates:										
	_		on Collecti								
Indicate	or: <u>Com</u>	pliance To	Nursing 1	Document	ation on I	reatment	Record				
Lege	end: Cri	teria met	+ Va	ariance —	# Samp	les					
			CRI	TERIA							
		2			=						
Sample Member (patient M#, individual code)	2	BFR documented as ordered by MD	Excaptions to BFR documented	Post-dialysis edema assessment to include EDW	BP assessment, nodfy MD if necessary	Changes in Heparin-MD order	List All Sections Not Completed				
1					7						
2											
3						.50					
4				12							
5											
6											
7					<del></del>						
8		<del></del>									
9			8								
10					<del> </del>						
11											
12											
13											
14											
15											
16											
17	76					<u> </u>					
18						<u> </u>					
19					·	<b></b>					
20			<b>†</b>								
T-A-1		i.									

PRINTED: 08/23/2009

DEPART	iment of Health	AND HUMAN SERVICES				OMB NO.	998-0381
		& MEDICAID SERVICES (X1) PROVIDERISUPPLIERICIA	OCT N	WU.	TIPLE CONSTRUCTION	(XJ) DATE SU	EVEY .
AND PLAN C	OF DEFICIENCIES OF CORRECTION	IDENTIFICATION NUMBER	A BU			COMPLET	
(9		143528	B. WI	NG.		06/11	2009
NAME OF P	ROVIDER OR SUPPLIER				TREET ADDRESS, CITY, STATE, ZIP CODE 1661 CREEK DRIVE		
SILVER	Cross Renal CTR	MORRIS			MORRIS, IL 60450		
(X4) ID PREFIX TAG	EACH DEPUTENCY MUST BE PRECEDED BY POLL			FIX Z	Fromder's Plan of Correct (Each Corrective action sho Cross-Referenced to the Appr Deficiency)	JLD BE 1	COMPLETION DATE
V 688	be administered per in = 500 units per in thour."  3. The clinical recounts administed to the diagnoses of Chrer Hypertension. The physician order date mi/hour." The clinical records dated 5/28, that lacked any nurse condered.  The clinical record dated 5/21 and 5/21 received Heparin per in in in in in in in in in in in in in	re:3. Set pump for amount to er hour, and for how long 0.5 hour, 1.0 ml = 1000 units per ord of Pt #2 was reviewed on a. Pt #2 was a 77 year old se Facility on 11/15/08 with hic Kidney Disease and clinical record contained a ed 5/14/09 for, "Heparin 2000 and Heparin Pump 1 cal record contained treatment , 5/30, 6/2, 6/4, 8/6, and 6/9/09 sing documentation that the rin IV push was given as contained treatment records 8/09 that indicated Pt #2 er pump at 0.5 mi/hr instead of	•	68	· · · · · · · · · · · · · · · · · · ·		
	changing the Hepaid. The findings were	rin dosege.  re conveyed to the Facility's an interview on survey date					
-	Surveyor: 15166						
	5. The clinical reco	rd of Pt. #3 was reviewed.			*0		

;; ;}

;

₩.

**DEPARTMENT OF HEALTH AND HUMAN SERVICES** CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 08/23/2009 FORM APPROVED OMB NO. 0938-0391

AND PLAN	of Correction	IXI) PROVIDERSUPPLIENCIA IDENTIFICATION NUMBER:	A BU		NG	COMPLI	
		143528	a, wa	NB.		06/1	1/2009
	Providen on Supplier Cross Renal CTR (	HORRIS		1	REET ADDRESS, CITY, STATE, 21P CODE 1851 CREEK DRIVE MORRIS, IL 6045D		,
(24) ID PREFIX TAG	(EACH DEFICIENCY	Tement of depiciencies Must be preceded by Full SC IDENTIFYING (NFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(ZJ) COMPLETION DATE
	This was a 74-year-with diagnoses of D Hyperismion. The documentation of a prescription, dated 6 Heparin Recirc + Pulnciuded documentation standing orders incliudity mi-maintain phemodislysis record documentation that the standing order, documentation to interest for 0.5 m/hr instates standing order, documentation to interest administered as 6. The above finding Administrative Direct interview on 6/10/09 B. Based on policy rand staff interview, it 11 dialysis treatment 5/21/09) for Pt #4, thinat the blood flow raffindings include:  1. Facility policy entitional findings include:  1. Facility policy entity of the following parametric parametric pelivery System. #4, intervention, #3. No any significant change	old female admitted 6/23/08 labetic Nephropathy and record included physician's order for dialysis 1/2/09. The order included imp. The record also attent of Stending Orders For is, dated 2/24/09. The ided, "Heparin Sodium 1000 stency of dialyzer" The ided 6/8/09 included Pt. #1 had the heparin pumper of 1 mil/hr as required by The record lacked dicate why the dosage was ordered.  If was conveyed to the lorend Coordinator during an at approximately 2:45 P.M.  Eview, clinical record review, was determined that in 4 of its (8/9/09,5/25/09, 5/23/09, its Facility failed to ensure the was provided as ordered.  Ilied, "Hernodialysis on survey date 6/10/09 at intradialytic than, 1. The Nurse will assession flow rate tiffy Patient's physician of	V	688	V688-494.140(b)(4) Nursing Services Renal Morris coordinator spoke with the Medical Director of Nephrology at Silver regarding the need to ensure that any chat Blood Flow Rate are nuted on the chart a physician order. Compliance of documentation of BFR or patient charts was completed by 6/24/09 supervision of Renal Morris coordinator. In addition, all staff have been inserviced documentation of prescribed BFR and if maintained will document reason why. Renal Morris coordinator will conduct re audits of patient charts to document comp	Cross nges in s a ders on all under the s on proper not	6/23/09 6/24/09 6/26/09
RM CM9-2147	(02-99) Provious Valsians Ct	Soleto Event (7: V.77811			Risk 100 to estimate		

		Da	ta Collec	tion Too	ol		
n.	enartme	ntlearvice:	Dialy	sis D	ates:		
					lysis —	_amame T	Pacord
Indicator	Comp	liance To l	Nursing Do	cumentat	ion on tre	atment	<u>Kecora</u>
		eria met +		iance —	# Sample:		\
ToBer		-		EDIA			
			CRIT		ET		
Sample Member (patient M#,	Date	BFR documented as ordered by MD	Exceptions to BFR documented	Post-dialysis edema assessment to include EDW	BP assessment, notify ND if necessary	Changes in Heparin-MD order	List All Sections Not Completed
individual code)		<u> </u>					
1	<b></b> -	1					
2		<b>†</b>					
3							
4	-	1					
5	+	1					
6	1-						·
7	┼──						
8		+					
9		_					
10	_		+	1			
11	┼		+	<del>                                     </del>			
12			<del></del>				
13	-	_	_				
14	<del></del>	_		+	_		
15	_	_					
16			_	_	+		
17						<del></del>	
18		_					9
19					<del> </del>	+-	
20					-	+-	
Total						!	

٠		SERVICES				FORM OMB NO.	APPROVED 0938-0391
CENTERS FO	R MEDICARE	AND HUMAN SERVICES & MEDICAID SERVICES (X1) PROVIDER: SUPPLIERICLIA IDENTIFICATION NUMBER:	1 '		CONSTRUCTION	COMPLE COMPLE	IRVEY
NAM OF CORRECTION			A BUILDING  B. WING			08/11/2009	
		143528	ــــــــــــــــــــــــــــــــــــــ	STREE	T ADDRESS, CITY, STATE, ZIP CO	DE	}
NAME OF PROME	ER OR SUPPLIER	•		1551	CREEK DRIVE		
SILVER CROS	S RENAL CTR	MORRIS		· MO	PROVIDERS PLAN OF COL	RECTION	COMPLETION
		ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LBC IDENTIFYING INFORMATION)	PREI TA	PIX !	(FACH CORRECTIVE ACTION (FACH CORRECTIVE ACTION CROSS-REFERENCE) TO THE DEFICIENCY)	SHOULD BE APPROPRIATE	DATE
11000	ntinued From p	age 17	٧	GBB			
clin 6/0 The 6/9 doc rate ind as	le admitted for ilical record con 1/09 and 5/12/le hemodialyale 1/09, 5/26/09, 5icumented bloods. The clinical ricate why the bordered.  These findings	19. Pt #4 was a 51 year old Chronic Renal Disease. The lained physician orders dated 19 for, "blood flow rate 400." treatment records dated 23/09, and 5/21/09 of flow rates below the required record tacked documentation to also flow rate was not achieved were conveyed to the Facility's the Administrative Director aw on 6/10/09 at 2:30 PM.	2.5			•	
v		•					
=							
		Front D: V	7811		Facility ID: IL18MO	if continuation	n sheet Page 18 of

# Schedule 4.14(h) Compliance with Laws – Environmental

• None

# Schedule 4.16 Benefit Plan Compliance

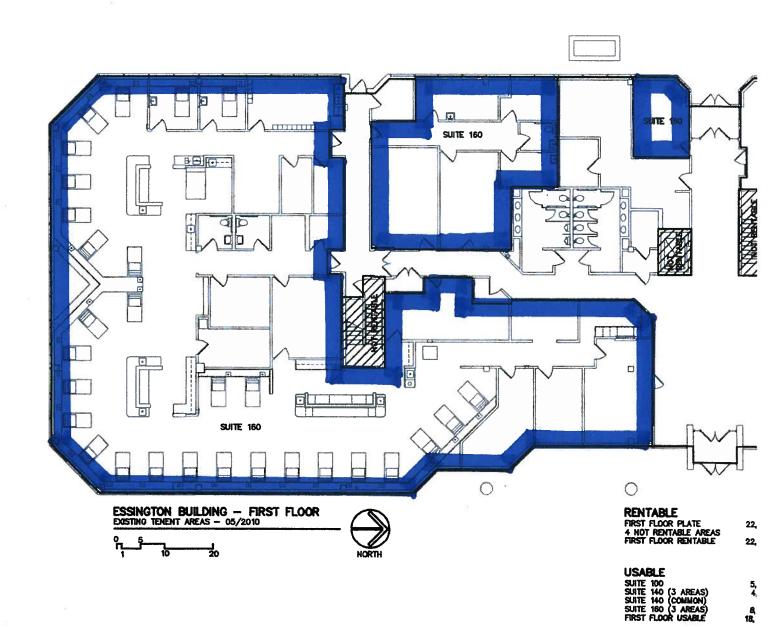
- Medical Coverage
- Dental Coverage
- Paid Time Off Bank
- Preventative & Essential Benefits
- Sick Bank
- Short Term Disability
- Long Term Disability
- Basic Life and AD&D Insurance
- Tuition Reimbursement
- Employee Assistance Program
- Flexible Spending Accounts
- Voluntary Retirement Savings Plan
- Matched Retirement Savings Plan
- Credit Union

### Schedule 4.20 Dialysis Contracts

Type of Contract	Parties	Commencement and	Assigned or
		Expiration Dates	Retained?
Dialysis Supplies	B. Braun	9/20/11-6/30/13	Retained
Water Treatment	Mar Cor	03/30/09	Retained
Dialysate	Minntech	9/1/11-8/31/12	Assigned
Water Testing	Spectra Labs	5/31/00 (no ending date)	Retained
Transfer Agreement	Morris Hospital	On-going	Assigned
Organ Tissue Donor	Gift of Hope and Tissue	On-going	Retained
	Donor Network		
Professional Services	Provena Villa Franciscan	On-going	Retained
Transplant Patient Care	Northwestern Memorial	4/08/2009 (no ending date)	Assigned
Procedure	Hospital		

### Schedule 4.21 Real Property

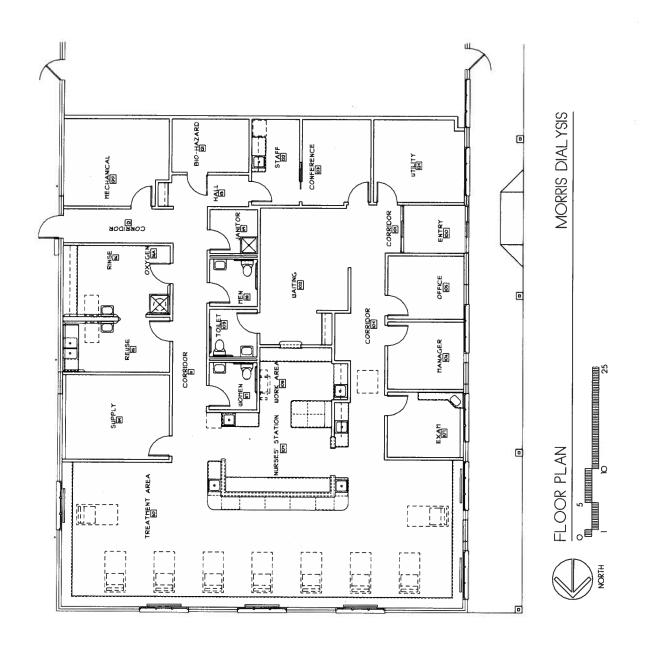
- Renal Morris The space is 4,229 square feet, a single tenant site located at 1551 Creek Dr., Morris, IL 60450 and floor plan is attached.
- Renal West The space is 10,389 rentable square feet located at 1051 Essington Road, Joliet, IL 60435 and the floor plan is attached.
- Renal East New Lenox The site is 8,587 rentable square feet located at 1890 Silver Cross Blvd, New Lenox, IL 60451 and the floor plan is attached.



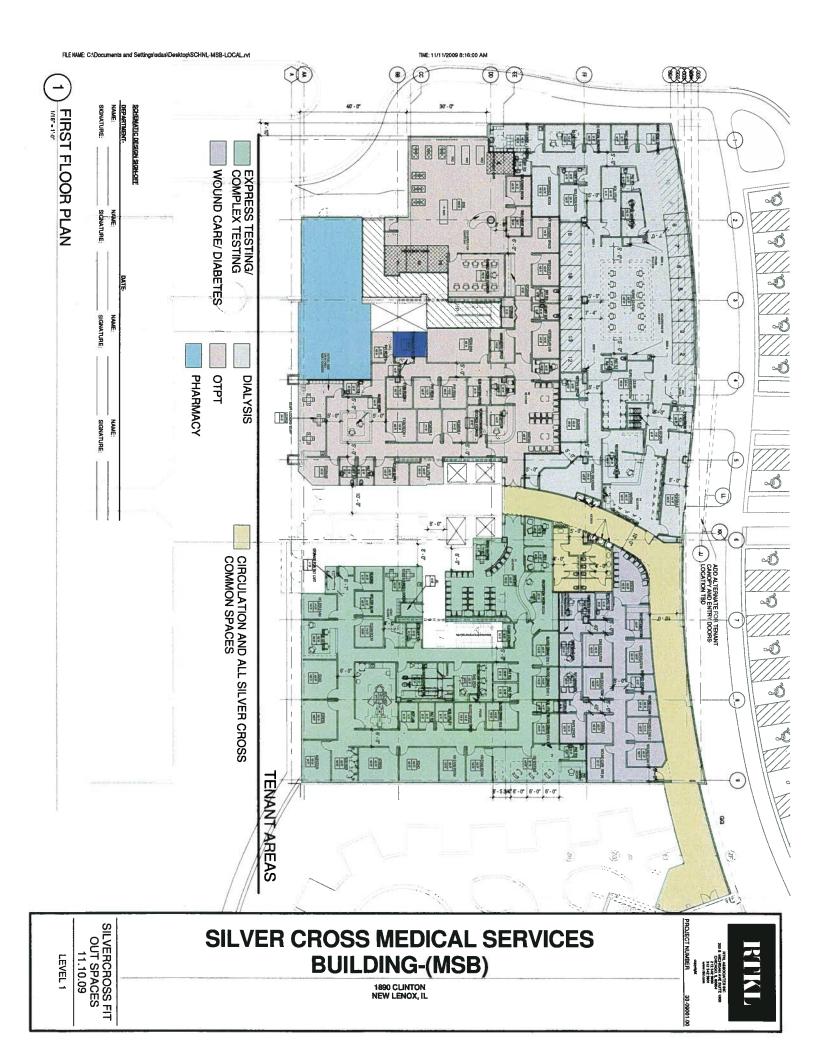
FIRST FLOOR COMMON

3,

# THIS PAGE INTENTIONALLY LEFT BLANK



# THIS PAGE INTENTIONALLY LEFT BLANK



### Schedule 4.24 Insurance

• Seller summary of insurance chart provided and is attached

# SILVER CROSS HOSPITAL INSURANCE SUMMARY FEBRUARY 23, 2012

Insurance Type	Policy Issuer	<b>Policy Number</b>	Effective	Expiration	Limits	Claims-Made or	
			Date	Date		Occurance	
Commercial	Federal Insurance	3584-87-14	4/1/2011	4/1/2012	All Risk	Per Policy	
Property	Co.						
Hired & Non-	Hartford Fire	83UENRY0929	7/31/2012	7/31/2012	1,000,000	Single Limit	
Owned Auto	Insurance Co.						
Professional	Self-Insured	n/a	12/1/2011	3/1/2013	5,000,000 -	Claims-Made	
Liability	Retention				12,000,000		
General Liability	Self-Insured	n/a	12/1/2011	3/1/2013	5,000000 -	Occurrence	
	Retention				12,000,000		
Healthcare	Darwin Select	0303-7590	12/1/2011	3/1/2013	10,000,000	Claims-Made	
Facilities	Insurance Co.						
Umbrella							
Workers	Safety National	SP 4045191	12/1/2011	3/1/2013	1,000,000	Each Accident	
Compensation	Casuality Corp						
and Employers							
Liability							

# Schedule 4.26 Intellectual Property

None

